

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____						5. LEASE DESIGNATION AND SERIAL NO. SF 078135	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Huerfanito Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company						7. UNIT AGREEMENT NAME Huerfanito Unit	
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401						8. FARM OR LEASE NAME Huerfanito Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1640' N 1750' W At top prod. interval reported below At total depth						9. WELL NO. 87A	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
15. DATE SPUDDED 9-2-79 16. DATE T.D. REACHED 9-8-79 17. DATE COMPL. (Ready to prod.) 10-22-79 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6170' GL						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 1, T-26-N, R-9-W N.M.P.M.	
20. TOTAL DEPTH, MD & TVD 4697' 21. PLUG, BACK T.D., MD & TVD 4680' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-4697' CABLE TOOLS _____						12. COUNTY OR PARISH San Juan 13. STATE New Mexico	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4267-4621' (MV)						19. ELEV. CASINGHEAD _____	
25. WAS DIRECTIONAL SURVEY MADE no						26. TYPE ELECTRIC AND OTHER LOGS RUN Temp. Survey	
27. WAS WELL CORED no						28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	
8 5/8"		24#	227'	12 1/4"	259 cf.		
4 1/2"		10.5#	4697'	7 7/8"	441 cf.		
29. LINER RECORD						30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4614'	
31. PERFORATION RECORD (Interval, size and number) 4267, 4273, 4279, 4284, 4290, 4311, 4318, 4324, 4331, 4338, 4345, 4352, 4374, 4410, 4415, 4424, 4473, 4488, 4498, 4511, 4532, 4546, 4585, 4621' W/1 SPZ.						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4267- 4621'				73,000#sd, 80,300 gal. wtr.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) After Frac Gauge 108 MCF/D				WELL STATUS (Producing or shut-in) Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-22-79							
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 332	SI 536						
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY B. Huntington	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>J. G. Brisco</i>		TITLE Drilling Clerk			DATE October 31, 1979		

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo	1150	
				Kirtland	1270	
				Pictured Cliffs	1953	
				Chacra	2844	
				Mesa Verde	3491	
				Menefee	3604	
				Point Lookout	4256	