

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

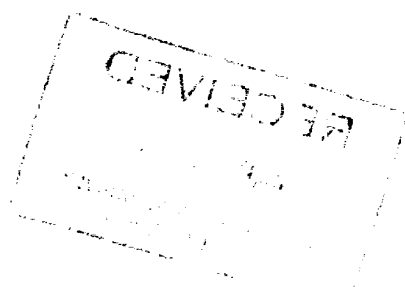
Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. SF 078476	
1b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR AAA Operating Company, Inc.		7. UNIT AGREEMENT NAME P	
3. ADDRESS OF OPERATOR Suite 3545 First International Building, Dallas, Tx 75270		8. FARM OR LEASE NAME Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1110' FSL and 990' FSL At top prod. interval reported below At total depth		9. WELL NO. #2	
15. DATE SPUDDED 6-12-79		10. FIELD AND POOL, OR WILDCAT Chacra	
16. DATE T.D. REACHED 6-16-79		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 11, T27N, R8W	
17. DATE COMPL. (Ready to prod.) 3-1-80		12. COUNTY OR PARISH San Juan	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* GR 6618'		13. STATE NM	
19. ELEV. CASINGHEAD 6621'			
20. TOTAL DEPTH, MD & TVD 4144'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY XXX	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Multiple Producing Zones from 3863' to 4052'		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, GR, Collar Locator, Cement Bond Log		27. WAS WELL COBED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	218'	12 3/4"
4 1/2"	9.5#	4143'	7 7/8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1 1/2"	4049'		
31. PERFORATION RECORD (Interval, size and number)			
17 Perforations from 3863' to 4052' Perforation Size - .33"			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3863' to 4052'		Frac'd in 1 stage with 37500# of 20/40 sand and 42500 gal H ₂ O (1% KCL)	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 3-3-80	HOURS TESTED 3 Hours	CHOKE SIZE 3/4 T&C	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS. 1030	CASING PRESSURE 1030	CALCULATED 24-HOUR RATE →	OIL—BBL. AOF=1520
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		WELL STATUS (Producing or shut-in) Waiting on line	
35. LIST OF ATTACHMENTS		WATER—BBL. GAS—MCF. GAS-OIL RATIO CORR.)	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		TEST WITNESSED BY Larry B. Proddon	
SIGNED <u>Larry B. Proddon</u>		TITLE <u>Geologist</u>	
DATE <u>3/17/80</u>			

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

NM000



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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs Chacra	2910	2976	Fruitland Pictured Cliffs Chacra	2818	
	3887	3918		2918	
	4026	4054		3887	

