

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						5. LEASE DESIGNATION AND SERIAL NO.	
DOMO PETROLEUM CORPORATION						NOO-C-14-20-7474	
3. ADDRESS OF OPERATOR						6. IF INDIAN, ALLOTTEE OR TRIBAL NAME	
501 Airport Drive, Suite 107, Farmington, NM 87401						NAVAJO	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						7. UNIT AGREEMENT NAME	
At surface 790' FSL, 790' FWL						8. FARM OR LEASE NAME	
At top prod. interval reported below						DOMO NAVAJO 18-26-12	
At total depth						9. WELL NO.	
						1	
14. PERMIT NO.						10. FIELD AND POOL, OR WILDCAT	
DATE ISSUED						WAW FRUITLAND-PICTURED CLIFF	
15. DATE SPELDED						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
11/13/79						Sec. 18, T26N, R12W	
16. DATE T.D. REACHED						12. COUNTY OR PARISH	
11/18/79						SAN JUAN	
17. DATE COMPL. (Ready to prod.)						13. STATE	
12/05/79						NEW MEXICO	
18. ELEVATIONS (DF, REE, RT, GR, ETC.)*						19. ELEV. CASINGHEAD	
6049' GR						6047'	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
1293		1262		---		ROTARY TOOLS	
						CABLE TOOLS	
						0-1293'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
1154'-1220' PICTURED CLIFF						NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
						NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
5 1/2"		15.5		105'		8 3/4"	
2 7/8"		6.5		1293'		4 3/4"	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
1202'-1207' .45 2 jet shots/ft.				DEPTH INTERVAL (MD)			
				1202-1207'			
				AMOUNT AND KIND OF MATERIAL USED			
				250 gal 15% HCl. Foam fracked			
				w/ 11,000 gal foam and 20000#			
				10-20 sand			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
11/21/79		FLOWING					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
12/5/79		3		3/4"		OIL—BBL. 0	
						GAS—MCF. 69	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. 0	
26 psi		SIP 200		---		GAS—MCF. 551	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
TO BE SOLD - TEST VENTED						C. D. MOORE	
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 H. D. HOLLYNCSWORTHTITLE DRLG & PRODUCTION FOREMANDATE December 6, 1979

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

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 current well logs, drillers' logs, geologists, sample and core analysis reports, geophysical logs, equivalent fluid level logs, and pressure tests, and directional surveys, should be attached hereto. Log sheets required by applicable Federal and/or State laws and regulations, and attachments to such logs, shall also be attached hereto. Log sheets may be attached to the well log on all types of wells.

Item 4: If there are no applicable State requirements, locations on Federal land shall be indicated as follows: State _____ County _____ Township _____ Range _____ Section _____.

Item 18: Indicate which elevation is used as the base for computing top and correct well completion logs and other information pertaining to the well. Mean Sea Level.

Items 22 and 24: If this well is completed in a zone (multiple completion), so state in item 22, and in item 24 show the producing interval(s) pertinent to each completion. If only one interval is produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate report (page) on this form, adequately identified, containing supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 34: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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