SIGNED

UNITED STATES SUBMIT IN DUPLICATE. Form approved. Budget Bureau No. 42-R355.5. (See other in-DEPARTMENT OF THE INTERIOR structions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY SF-080238-A 6. IF INI IAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: WELL XX DRY 7. UNIT GREEMENT NAME Other I 7 72 L TYPE OF COMPLETION: DEEP-EN WELL X S. FARM OR LEASE NAME Other 2. NAME OF OPERATOR Chaso Ltd. J. Gregory Merrion & Robert L. Bayless 9. WELL NO. .3-J -= 3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87401 10. FIELE AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) WAW Fr./Pic. Cliffs 1850 FNL & 790 FWL 11. SEC., T., R., M., OR BLOCK AND SURVEY At top prod. interval reported below same Sec. 12, T26N, R13W At total depth same 14. PERMIT NO. DATE ISSUED 12. COUNTY OR 13. STATE PARISH San Juan N.M. 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 16. DATE T.D. REACHED 19. ELEV. CASINGHEAD 18. ELEVATIONS (DF, REB, RT, GR, ETC.] * 12-17-80 12-20-80 12-28-80 6039' GL 20. TOTAL DEPTH, MD & TVD 21. PLUG. BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., 23. INTERVALS ROTARY COOLS CARLE TOOLS DRILLED BY 13251 1274' 0-TD24. FRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE Pictured Cliffs: 1212-1216, 1230-1233. no 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED Induction & Density Logs. no 28. CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE CEMENTING RECORD AMOUNT PULLED 7" 23# 961 9-3/4" 35 sacks 2-7/8" 6.4# 1303' 110 sacks 1 bbl. circulat back to surface LINER RECORD TUBING RECORD 29 30 BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) 31. PERFORATION RECOED (Interval, size and number) ACID, SHOT, FRACTURE CEMINY SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND SIND OF MATERIAL USED 1212-1216' and 1230-1233': 2/PF, 2-1/8" 1212-1233' 10/20 sand, 125,000 cu. glass jets. foam. wa₹ PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pum TATUS (Producing or 12-28-80 flowing shut in DATE OF TEST HOURS TESTED CHOKE SIZE GAS-MCF. PROD'N. FOR OIL-BBL. WATER-JUBL. GAS-OIL RATIO TEST PERIOD 1/4" 12-28-80 3 ___ _ 60 MCF/d hvy. spray CALCULATED 24-HOUR RATE FLOW, TUBING PRESS. CASING PRESSURE OIL -BBL. GAS-MCF. WATER-BBL. OIL GRAVITY-API (CORR.) 29 psiq 60 MCF/d hvy. spray 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WIT ESSED BY vented Steven S. Dunn 35. LIST OF ATTACHMENTS 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

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

Operator

01-05-81

DATE

NSTRUCTIONS

and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. 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 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 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.

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.

Hem 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.

interval, or intervals, top(s), bottom(s) and name(s)frems 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 Hom 18: Indicate which elevation is used as reference (where not otherwise shown) for death measurements viven in other spaces on this form and in any attachments (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 "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Submit a separate completion report on this form for each interval to be separately produced. (See Instruction for items 22 and 24 above.)

	Pictured Cliffs 1205	FORMATION TOP	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POPTH INTERVAL TESTED, CUSH
	05 1233	BOTTOM	S: OF POROSITY AND CONTESTION USED, TIME TOOL
	Salt Water, natural gas	DESCRIPTION, CONTENTS, ETC.	MARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION CSED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES
	Kirtland Fruitland Pic. Cliffs	NAME	38. GEOLO
	255 1102 1205	101	GEOLOGIC MARKERS
	TRUEVERT. DEPTH	TOTAL PROPERTY OF THE	