

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 <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <u>Dry Hole</u>
2. NAME OF OPERATOR Jerome P. McHugh						5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-7466	
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87499						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' FNL - 1850' FEL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED 6-15-82	
15. DATE SPUDDED 6-16-82						16. DATE T.D. REACHED 6-19-82	
17. DATE COMPL. (Ready to prod.) Plan P & A						18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5922' GL	
19. ELEV. CASINGHEAD 5922'						20. TOTAL DEPTH, MD & TVD 1200'	
21. PLUG, BACK T.D., MD & TVD 1173'						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY T.D.						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NA	
25. WAS DIRECTIONAL SURVEY MADE no						26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray - Density S.P.- Resistance; Gamma Ray - Collar	
27. WAS WELL CORED no						28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7" OD		20#		94' GL		8-3/4"	
2-7/8" OD		6.4#		1198' GL		5-1/8"	
followed by		50 sx class		B w/ 1/4# cello		flake per sk in all cement)	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)		DATE	
Plan P & A							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY		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 <u>Jim L. Jacobs</u>		TITLE <u>Geologist</u>		DATE <u>JUL 18 1984</u>		JUL 19 1984	

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

NM000

BY

ACCEPTED FOR RECORD
JUL 18 1984
BY Sm

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.)

87. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
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				NAME	TOP	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		MEAS. DEPTH	TRUE VERT. DEPTH
				Kirtland Fruitland Pictured Cliffs	82' 952' 1101'	