

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 *

5. LEASE DESIGNATION AND SERIAL NO.
SF 079193

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 28-6 Unit

8. FARM OR LEASE NAME
San Juan 28-6 Unit

9. WELL NO.
119

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 22, T-28-N, R-6-W N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

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
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1500' N, 1090' E**

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED **11-3-65** 16. DATE T.D. REACHED **11-23-65** 17. DATE COMPL. (Ready to prod.) **12-9-65**

18. ELEVATIONS (DF, RKE, RT, GE, ETC.)* **6558' GL** 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **7923'** 21. PLUG, BACK T.D., MD & TVD **C.O. 7888'** 22. IF MULTIPLE COMPL., HOW MANY* _____

23. INTERVALS DRILLED BY ROTARY TOOLS **0-7923** CABLE TOOLS _____

24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
7646-7831 (DK)

25. WAS DIRECTIONAL SURVEY MADE **Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN
IES, FDC-OR, Temperature 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 USED
9 5/8"	32.3#	319'	13 1/4"	300 sks.	
4 1/2"	10.5#	7923'	7 7/8"	1100 cu.ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)
2 3/8"	7816'

31. PERFORATION RECORD (Interval, size and number)
**7646-50, 7660-64 w/4 SPF;
7740-56 w/1 SPF, 7827-31 w/4 SPF**
Shot w/3 1/8" SDJ

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) **7646-7831** AMOUNT AND KIND OF MATERIAL USED **58,760 gallons water, 40,000# sand**

33.* DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Shut-in**

DATE OF TEST **12-9-65** HOURS TESTED **3** CHOKE SIZE **3/4"** PROD'N. FOR TEST PERIOD _____

FLOW. TUBING PRESS. **975** CASING PRESSURE **287** CALCULATED 24-HOUR RATE _____

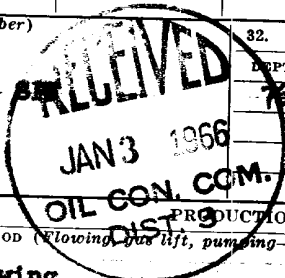
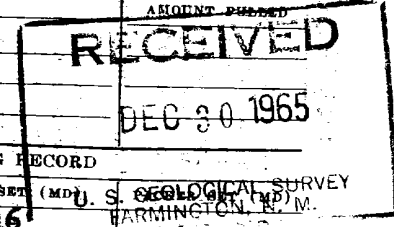
OIL—BBL. _____ GAS—MCF. **3,570 MCF/D** WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

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 **ORIGINAL SIGNED E. S. OBERLY** TITLE **Petroleum Engineer** DATE **December 27, 1965**



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

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.
			MEAS. DEPTH
			TRUE VERT. DEPTH
			3804
			2652
			2763
			3050
			3480
			5070
			5191
			5570
			5714
			6305
			7530
			7584
			7738