

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 type="checkbox"/>	DRY <input checked="" 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>Plug</u>
2. NAME OF OPERATOR <u>John F. Staver dba Saguaro Oil Company</u>							
3. ADDRESS OF OPERATOR <u>P. O. Box 51, Farmington, New Mexico 87401</u>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>2142' FSL & 2539' FEL</u> At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED <u>3/9/76</u>			
15. DATE SPUDDED <u>3/7/76</u>		16. DATE T.D. REACHED <u>3/12/76</u>		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>5324 Gr.</u>	
20. TOTAL DEPTH, MD & TVD <u>1463</u>		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <u>0-1463</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>Plugs 1200-1400</u> <u>350-550</u> <u>Geological Log</u>						25. WAS DIRECTIONAL SURVEY MADE <u>No</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Geological Log</u>						27. WAS WELL CORRED <u>No</u>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
<u>8 5/8"</u>		<u>24#</u>		<u>20'</u>		<u>11"</u>	
<u>5 1/2"</u>		<u>17#</u>		<u>605'</u>		<u>6 3/4"</u>	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
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 <u>John F. Staver</u>		TITLE <u>PR 25</u>		DATE <u>10-19-77</u>			

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