

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R356.5.

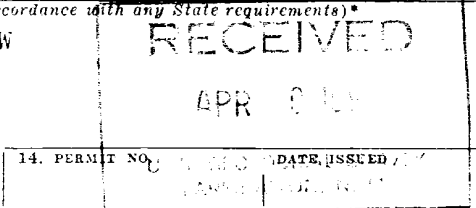
WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 900'S, 1090'W
At top prod. interval reported below
At total depth



14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
SF 078390
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jones A
9. WELL NO.
13
10. FIELD AND POOL, OR WILDCAT
S. Blanco Pictured Cliffs
11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 10, T-28-N, R-8-W
N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico

15. DATE SPUNDED 1-7-80 16. DATE T.D. REACHED 1-12-80 17. DATE COMPL. (Ready to prod.) 3-27-80 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6024' GL 19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 2680' 21. PLUG, BACK T.D., MD & TVD 2671' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2-46-2642' (PC) 25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN DBC-GRS; IES; Temp. Survey 27. WAS WELL CORED No

ES.

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	131'	12 1/4"	99 cu. ft.	
2 7/8"	6.4#	2680'	6 3/4"	349 cu. ft.	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
						TUBINGLESS COMPLETION	

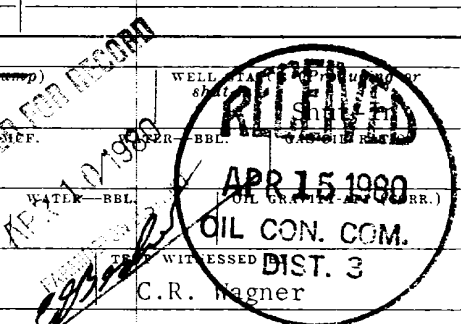
31. PERFORATION RECORD (Interval, size and number)
2546, 2552, 2567, 2578, 2584, 2589, 2595, 2621, 2628, 2642' W/1 SPZ.
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) 2546-2642' AMOUNT AND KIND OF MATERIAL USED 66,000# sd, 71,700 gal. wtr.

33.* PRODUCTION
DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) After Frac Gauge 2616 MCF/D
DATE OF TEST 3-27-80 HOURS TESTED _____ CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____
FLOW. TUBING PRESS. _____ CASING PRESSURE SI 982 CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—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 [Signature] TITLE Drilling Clerk DATE April 1, 1980

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

NMOCC



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 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 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 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 and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations, 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 the 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 other 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 23 show 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, adequate 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.

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.	NAME	TOOL MEAS. DEPTH
				Pictured Cliffs	2538'