

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 _____				5. LEASE DESIGNATION AND SERIAL NO. SF-078872A	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR HUSKY OIL COMPANY				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 600 S. Cherry St., Denver, Colorado 80222				8. FARM OR LEASE NAME Bolack	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 990' FSL and 990' FEL (SE-SE) At top prod. interval reported below At total depth				9. WELL NO. #1-E	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Basin, Dakota	
15. DATE SPUDDED 4/1/80				11. SEC. T., R. M., OR BLOCK AND SURVEY OR AREA Sec. 16-27N-11W	
16. DATE T.D. REACHED 4/29/80				12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) _____				13. STATE New Mexico	
18. ELEVATIONS (DF, RNB, RT, GR, ETC.) * 6284' GR, 6298' KB				19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 6700'		21. PLUG, BACK T.D., MD & TVD 6603'		22. IF MULTIPLE COMPL., HOW MANY * _____	
23. INTERVALS DRILLED BY All		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * Dakota 6543'-63'		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-CNL, GR-CBL, IEL				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8"		24#		237'	
4 1/2"		10.5#		6642'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
12 1/4"		175 sx Cl "G" 1/4#/sk flocele, 2% CaCl.			
7 7/8"		1400 sx total Cl "B" in 3 stages			
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT *		SCREEN (MD)			
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		6512'			
31. PERFORATION RECORD (Interval, size and number)					
6543'-63', 2 SPF, .38" hole					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
6545'-63'		1000 gal 15% acid frac w/146M# sd			
33. PRODUCTION					
DATE FIRST PRODUCTION 7-1-80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing			WELL STATUS (Producing or shut-in) producing
DATE OF TEST 6-9-80		HOURS TESTED 22		CHOKE SIZE 1/4	
PROD'N. FOR TEST PERIOD →		OIL—BBL. --		GAS—MCF. 287 MCFD	
WATER—BBL. --		GAS-OIL RATIO --			
FLOW. TUBING PRESS. 165 PSIG		CASING PRESSURE 200 PSIG		CALCULATED 24-HOUR RATE →	
OIL—BBL. --		GAS—MCF. 287 3/3		WATER—BBL. --	
OIL GRAVITY-API (CORR.) --					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					
TEST WITNESSED BY Teffeller					
35. LIST OF ATTACHMENTS Backpressure test & log					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.					
SIGNED <u>al. Rice</u>		TITLE <u>Division Production Supt.</u>		DATE <u>7-11-80</u>	

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

NAI0001

BY

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 33.

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: "Secks General": 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 INTERVAL ZONES: SHOW ALL INTERVALS OF PRODUCTIVITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CEMENTION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND DEVIATIONS			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAN DEPTH	TRUE VERT DEPTH
				Kirkland	957'	
				Fruitland	1770'	
				Pic Cliffs	1980'	
				Pt. Lookout	4200'	
				Mancos	4690'	
				Gallup	5540'	
				Huerfano	5900'	
				Greenhorn	6390'	
				Granero Sh	6448'	
				Dakota	6548'	

NEW MEXICO OIL CONSERVATION COMMISSION

MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 6/9/80	
Company HUSKY OIL COMPANY				Connection El Paso	
Pool Basin, Dakota				Formation Dakota	
Completion Date		Total Depth 6700'		Plug Back TD 6603'	
				Elevation 6298' KB	
Csg. Size		ID 4 1/2"		Set At 6642'	
Tub. Size		ID 2-3/8"		Set At 6512'	
Perforations: From To				Well No. 1-E	
Perforations: From 6543' To 6563'				Unit Sec. Twp. Range E 16 27N 11W	
Type Well - Single - Prodenhead - G.G. or G.O. Multiple Single				Packer Set At --	
Producing thru Tubing				County San Juan	
Reservoir Temp. °F P		Mean Annual Temp. °F		State New Mexico	
Boro. Press. - P _a 15					
L 6512	H 6553	G _g	% CO ₂	% N ₂	% H ₂ S
Prover		Meter Run		Type	

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
1.	2" x 1/4"			165		87	165	87	654	655	168
2.											9.3
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Super Compress. Factor, F _{sp}	Rate of Flow Q, Mscf/d
1	26.51		180				265.1
2							
3							
4							
5							

NO.	P _t	Temp. °R	T _t	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/boil.	A.P.G. Gravity of Liquid Hydrocarbons _____ Deg.	Specific Gravity Separator Gas _____	Specific Gravity Flowing Fluid _____	Critical Pressure _____ P.S.I.A.	Critical Temperature _____ °R
1										
2										
3										
4										
5										

NO.	P _e	P _w	P _e ²	P _w ²	P _e ² - P _w ²	(1) $\frac{P_e^2}{P_e^2 - P_w^2} =$	(2) $\left[\frac{P_e^2}{P_e^2 - P_w^2} \right]^n =$
1	770	592.900	45,796	45,796	547,104	1.08	1.08
2							
3							
4							
5							

Absolute Open Flow _____ 287.3 _____ Mcf/d @ 14.655		Angle of Slope ϕ _____ 45 _____		Slope, n _____ 1.0 _____	
Remarks: Slope assumed to be 1.0 since no previous test is available. Flow rate was measured with a 2" critical flow prover.					
Approved By (Signature):		Conducted By:		Checked By:	
		George Popovec			