

**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 ☐ GAS WELL ☒ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 021116	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Pioneer Production Corp.				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 208, Farmington, NM 87041				8. FARM OR LEASE NAME Redfern	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' FSL - 810' FWL At top prod. interval reported below At total depth				9. WELL NO. #4E	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. DATE SPUDDED 4-6-80 16. DATE T.D. REACHED 4-16-80 17. DATE COMPL. (Ready to prod.) 5-17-80 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5643' 19. ELEV. CASINGHEAD				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 16 T28N R11W	
20. TOTAL DEPTH, MD & TVD 6425'		21. PLUG, BACK T.D., MD & TVD 6337'		22. IF MULTIPLE COMPL., HOW MANY* Single - Gas	
23. INTERVALS DRILLED BY 0-TD				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6095 - 6313 Basin Dakota	
25. WAS DIRECTIONAL SURVEY MADE No				26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction SFL Compensated Density	
RECEIVED AUG 8 1980					
27. WAS WELL CORRED No					
28. 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#	591' RKB	12-1/4"	300 sx	
4-1/2"	11.6#	6425' RKB	7-7/8"	965 sx	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
1-1/4"	6008' RKB				
31. PERFORATION RECORD (Interval, size and number)					
6095-98, 6153-56, 60, 62, 64, 66, 70, 72, 6176, 78, 80, 82, 6206, 08, 11, 13					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
			See Sundry Notice		
			8-7-80		
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
		Flowing			SI
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
7-28-80	8 hrs	**			1896 AOF
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
304	718			702	
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

Jim L. Jacobs

TITLE Agent

DATE

8-7-80

*(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 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.

At no time 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.), formations 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.

17: Indicate which elevation is used as reference (where not otherwise shown).
18: Indicate which well is completed for general production from zone of base on.
19: Indicate which well is completed for general production from zone of base on.
20: Indicate which well is completed for general production from zone of base on.
21: Indicate which well is completed for general production from zone of base on.
22: Indicate which well is completed for general production from zone of base on.
23: Indicate which well is completed for general production from zone of base on.
24: Indicate which well is completed for general production from zone of base on.

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:				38. GEOLOGIC MARKERS			
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
					Log Tops		
					Fruitland	1310'	
					Pictured Cliffs	1613'	
					Lewis	1770'	
					Cliff House	3174'	
					Menefee	3304'	
					Pt. Lookout	4015'	
					Mancos	4317'	
					Gallup	5200'	
					Greenhorn	5974'	
					Graneros	6033'	
					Dakota	6075'	