

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 ☐		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME Delo	
2. NAME OF OPERATOR W. M. GALLAWAY		9. WELL NO. 3	
3. ADDRESS OF OPERATOR 101-2 Petroleum Plaza Bldg., Farmington, N. M. 87401		10. FIELD AND POOL, OR WILDCAT Gulcher Lutz	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 150' SW, 4100' N		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 25, T20N, R11W, S1E	
At top prod. interval reported below 5436		12. COUNTY OR PARISH Sa. Juan	
At total depth 5436		13. STATE N. M.	
14. PERMIT NO.		DATE ISSUED 4-17-72	
15. DATE SPUDDED 4-26-72		16. DATE T.D. REACHED 5-8-72	
17. DATE COMPL. (Ready to prod.) 6-1-72		18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 5739'	
19. ELEV. CASINGHEAD 5790'			
20. TOTAL DEPTH, MD & TVD 1889'		21. PLUG, BACK T.D., MD & TVD 1343.89'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS C-1859'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1762' - 1790' Pictured cliffs		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN ILD - CCL - GPR		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	23	55'	5 3/4"
4 1/2"	20.5	1770.89	6 1/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1"	1785.31'		
31. PERFORATION RECORD (Interval, size and number)			
2 Per foot			
1762' - 72" 20 holes			
1730' - 90' 20 holes			
Total 40 holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1762'-1790'		25,800 gal. water	
		with 25,800 lb. 10-20	
		sand fracture treatment	
33. PRODUCTION			
DATE FIRST PRODUCTION 6-1-72		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing 1" tubing	
WELL STATUS (Producing or shut-in) Shut-in			
DATE OF TEST No 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.)		TEST WITNESS	
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.			
SIGNED <u>W. M. Gallaway</u>		TITLE <u>Operator</u>	
DATE <u>June 5, 1972</u>		DATE <u>June 23, 1972</u>	

***(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 filing of a 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 labeled on this form as item 35.

Item 1: 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 10: Indicate which completion 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.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
Ojo Alamo	630'	800'	Sand	Ojo Alamo	630'
Fruitland	1467'	1580'	Sand & Coal	Fruitland	1467'
Pictured Cliffs	1756'	1855'	Sand & Shale	Pictured Cliffs	1756'