

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 _____		
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 _____
2. NAME OF OPERATOR						7. UNIT AGREEMENT NAME	
Supron Energy Corporation						Angel Peak "B"	
3. ADDRESS OF OPERATOR						9. WELL NO.	
P.O. Box 808, Farmington, New Mexico 87401						29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						10. FIELD AND POOL, OR WILDCAT	
At surface 1710 ft./S ; 1675 ft./W line						Fulcher Kutz Pictured Cliffs	
At top prod. interval reported below Same as above						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At total depth Same as above						Sec. 25, T28N, R11W, N.M.P.M.	
14. PERMIT NO.				DATE ISSUED			
15. DATE SPURRED				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*			
1/5/80				5642 R.K.B.			
16. DATE T.D. REACHED				19. ELEV. CASINGHEAD			
1/8/80				5631			
17. DATE COMPL. (Ready to prod.)				23. INTERVALS DRILLED BY			
5/6/80				0-1811			
20. TOTAL DEPTH, MD & TVD				21. PLUG, BACK T.D., MD & TVD			
1811 MD & TVD				1769 MD & TVD			
22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY			
---				0-1811			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
1587-1605 Pictured Cliffs (MD & TVD)						No	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
Induction Electric and Compensated Devsity						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7-5/8"		26.40		221		9-7/8"	
4-1/2"		9.50		1802		6-3/4"	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SIZE	
						2-1/16" IJ	
						1660	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
1 - 0.42" hole at each of the following depths: 1587, 1589, 1591, 1593, 1595, 1602, 1603, 1605. (Total of 8 holes)				DEPTH INTERVAL (MD)			
				1587-1605			
				AMOUNT AND KIND OF MATERIAL USED			
				250 gal. 15% HCL, 30,000 lb. of 20-40 sand & foam			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				Shut-in	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
5/6/80		3		3/4"		OIL—BBL. 48	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. 382	
20		95				GAS—MCF. 382	
						WATER—BBL.	
						OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						Clifton Gates	
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		Kenneth E. Roddy		TITLE		Production Superintendent	
		Kenneth E. Roddy				DATE May 8, 1980	

*(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 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 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.

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 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; CORP. 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 (base)	592	
				Fruitland	1284	
				Pictured Cliffs	1580	