

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 San Juan 29-7 Unit	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				8. FARM OR LEASE NAME San Juan 29-7 Unit	
2. NAME OF OPERATOR EL PASO NATURAL GAS CO.				9. WELL NO. 89A	
3. ADDRESS OF OPERATOR BOX 289, FARMINGTON, NEW MEXICO				10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2020'N, 390'W At top prod. interval reported below At total depth				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 7, T-29-N, R-7-W NMPM	
		14. PERMIT NO.		13. STATE New Mexico	
		DATE ISSUED		12. COUNTY OR PARISH Rio Arriba	
15. DATE SPUDDED 4/17/78		16. DATE T.D. REACHED 4/23/78		19. ELEV. CASINGHEAD	
17. DATE COMPL. (Ready to prod.) 9/6/78		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6350' GL			
20. TOTAL DEPTH, MD & TVD 5728'		21. PLUG, BACK T.D., MD & TVD 5711'		23. INTERVALS DRILLED BY 0-5728	
22. IF MULTIPLE COMPL., HOW MANY*		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4751-5659 (MV)				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CDL-GR; Ind.-GR; Temp. Survey				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
9 5/8"		32.3#		219'	
7"		20#		3451'	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
4 1/2"		3282'		5728'	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		5634'			
31. PERFORATION RECORD (Interval, size and number) 4751, 4772, 4798, 4837, 4852, 4863, 4871, 4878, 4885, 4890, 4900, 4913, 5017, 5024, 5082, 5088, 5143, 5149, 5157, 5185 w/1 SPZ. 5291, 5298, 5306, 5312, 5317, 5324, 5330, 5336, 5342, 5351, 5359, 5374, 5397, 5408, 5441, 5456, 5482, 5534, 5557, 5588, 5630, 5650, 5659 w/1SPZ.					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
4751-5185		66,000# 20/40sand;132,000 gal.wtr			
5291-5659		65,000#20/40sand;130,000 gal.wtr.			
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) After Frac Gauge - 3038 MCF/D			WELL STATUS (Producing or shut-in) Shut In
DATE OF TEST 9/6/78		HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	GAS—MCF.
FLOW. TUBING PRESS. SI 347		CASING PRESSURE SI 882	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.
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 A. P. Ducio		TITLE Drilling Clerk		DATE 10/16/78	

***(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: "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	
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				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
			NV PL	4830 5294