

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SURMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved,
Budget Bureau No. 42-R-55.5.

5. LEASE DESIGNATION AND SERIAL NO.

SP 078414

6. IF INDIAN, ALIQUOTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Day A

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Blanco PC Ext.

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 17, T-29-N, R-8-W

NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations)

At surface 1650'N, 1650'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

15. DATE DRILLED

7-3-72

16. DATE TOP REACHED

7-10-72

17. DATE COMPL. (Ready to prod.)

8-25-72

18. ELEVATIONS (DP, R&B, RT, GR, ETC.) *

6461'GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3225'

21. PLUG BACK T.D., MD & TVD

3215'

22. IF MULTIPLE COMPL., HOW MANY *

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-3225'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) *

3110-3130' (Pictured Cliffs)

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL; CDL-GR; Temp. Survey

27. WAS WELL CURED

NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
8 5/8"	24#	140'	12 1/4"	107 cu. ft.
2 7/8"	6.4#	3225'	6 3/4"	376 cu. ft.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *	SCREEN (MD)	SIZE	DEPTH SET (MD)
					tubingless	

31. PERFORATION RECORD (Interval, size and number)

3110-3130' with 36 shots per zone.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3110-3130'	26,000# sand, 25,960 gal. water

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	CHOKED SIZE	PRODN. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-25-72	3	3/4"					
FLOW, TUBING LOSS.	CASING PRESSURE	CHOKED RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
tubingless	91.689	11.14		1722 AOF			

34. IDENTIFICATION OF GAS (could, used for fuel, cement, etc.)

TEST WITNESSED BY

C. Rhames

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing furnished information is complete and correct as determined from all available records

SIGNED: [Signature] TITLE: Petroleum Engineer

DATE: August 29, 1972

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

SECRET

General: This form is designed for submitting a complete and correct well completion report and log on all types of wells and logs 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 manner of replies to be submitted are included in the "Special Instructions" section of the form. The form may be issued by, or may be obtained from, the local Federal office nearest the wellhead, or regional headquarters and practices; either are shown below or will be issued by or obtained from the local Federal office nearest the wellhead.

[illegible]

locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal agencies for specific instructions. 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 agencies for specific instructions.

Item 23: 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.

for each additional interval to be separately produced, growing the additional data pertinent to such interval.

Item 29: "Sacks General": Attached supplemental records for this well should show the details of any multiple stage cementing, and the location of the multiple stage cementing. (See instruction for items 22 and 24 above.)

Item 32: 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 THEREIN; 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	NAME	MEAS. DEPTH
	BOTTOM		TRUE VERT. DEPTH
		Pictured Cliffs	3102'