

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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. SF 078046	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Hughes	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1480°E, 630°W At top prod. interval reported below At total depth		9. WELL NO. 23	
10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 29-T-29-N, R-8-W NMPM	
12. COUNTY OR PARISH San Juan		13. STATE New Mexico	
14. PERMIT NO.		DATE ISSUED JUN 12 1973	
15. DATE SPudded 1-16-73		16. DATE T.D. REACHED 1-24-73	
17. DATE COMPL. (Ready to prod.) 5-25-73		18. ELEVATIONS (DE, REB, RT, GR, ETC.)* 6424' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3144'	
21. PLUG, BACK T.D., MD & TVD 3124'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-3144'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2940-3040' (Pictured Cliffs)	
25. WAS DIRECTIONAL SURVEY MADE no		26. TYPE ELECTRIC AND OTHER LOGS RUN CDL-GR; IEL; Temp. Survey	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Int. tool, size and number) 2940-52', 2978'-2990', 3034-3040' with 24 shots per zone.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 2940-3040' AMOUNT AND KIND OF MATERIAL USED 32,000 # 10, 20 sand; 32000 gal W	
33. PRODUCTION DATE FIRST PRODUCTION 5-25-73 HOURS TESTED 3 CHOKE SIZE 3/4 PROD'N. FOR TEST PERIOD OIL—PEL. GAS—MCF. WATER—BBL. GAS-OIL RATIO FLOW. TUBING PRESS. tubingless CASING PRESSURE SI 969 CALCULATED 24-HOUR RATE OIL—PEL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.) 996 MCF/D ACF		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY T. D. Norton	
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		DATE June 8, 1973	

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

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.

and/or State laws, regulations, codes, rules, orders, etc., 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 13: 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 the interval reported in item 23. 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.)

38. GEOLOGIC MARKERS					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
				Pictured Cliffs	2942