

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-B355.5.

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						5. LEASE DESIGNATION AND SERIAL NO. SF 078416A	
3. ADDRESS OF OPERATOR BOX 289, FARMINGTON, N.M. 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 800'N, 1750'W At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED	
12. COUNTY OR PARISH San Juan						13. STATE New Mexico	
15. DATE SPUDDED 9-26-78		16. DATE T.D. REACHED 10-2-78		17. DATE COMPL. (Ready to prod.) 11-8-78		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6388' Gr	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5680'		21. PLUG, BACK T.D., MD & TVD 5663'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 0-5680		CABLE TOOLS		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4658-5611(MV)	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN IL-GR, CDL-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)		Hole Size	
9 5/8"		32.3#		209'		13 3/4"	
7"		20#		3400'		8 3/4"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Size		Top (MD)		Bottom (MD)		Sacks Cement*	
4 1/2"		3220'		5680		Screen (MD)	
Size		Depth Set (MD)		Packer Set (MD)		Depth Interval (MD)	
2 3/8"		5598'				Amount and Kind of Material Used	
4658, 4670, 4676, 4682, 4705, 4709, 4714, 4722, 4727, 4764, 4776, 4781, 4914, 4934, 4957, 4961, 5014, 5025' w/1SPZ; 5205, 5208, 5220, 5224, 5228, 5246, 5250, 5262, 5266, 5270, 5288, 5293, 5298, 5321, 5325, 5337, 5342, 5358, 5364, 5398, 5422, 5428, 5470, 5480, 5560, 5611 w/1 SPZ		4658-5025		51,000# sand, 88,000 gal water		3205-5611'	
65,000# SAND, 115,000 gal water		33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY Norman Waggoner	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, any other method)		WELL STATUS (Producing or shut-in)		DATE OF TEST	
11-8-78		After Frac Gauge - 2047 MCF/D		Shut in		11-8-78	
HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
SI 282		SI 875		24-HOUR RATE		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		OIL—BBL.		GAS—MCF.	
SI 282		SI 875		OIL GRAVITY-API (CORR.)		WATER—BBL.	
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 <u>A. G. Duice</u>		TITLE <u>Drilling Clerk</u>	
				DATE <u>11-30-78</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 filled prior to the time this summary record is submitted, a separate report is required.

tion 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.

[illegible]

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Mesa Verde Point Lookout	4654 5200	