

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 ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. MM 03999	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ 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 Box 990, Farmington, New Mexico		8. FARM OR LEASE NAME Grumbler	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1526' S, 1750' W At top prod. interval reported below At total depth		9. WELL NO. 6	
14. PERMIT NO.		DATE ISSUED MAY 16 1969	
15. DATE SPUDDED 4-17-69		16. DATE T.D. REACHED 4-23-69	
17. DATE COMPL. (Ready to prod.) 5-8-69		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5677' OL	
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs	
20. TOTAL DEPTH, MD & TVD 2294'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 22, T-29-N, R-9-W N.M.P.M.	
21. PLUG, BACK T.D., MD & TVD 2284'		12. COUNTY OR PARISH San Juan	
22. IF MULTIPLE COMPL., HOW MANY*		13. STATE New Mexico	
23. INTERVALS DRILLED BY 0-2294		14. PERMIT NO.	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2145-2164 (FC)		15. DATE SPUDDED	
25. WAS DIRECTIONAL SURVEY MADE No		16. DATE T.D. REACHED	
26. TYPE ELECTRIC AND OTHER LOGS RUN I-EL, GDC, Temperature Survey		17. DATE COMPL. (Ready to prod.)	
27. WAS WELL CORED No		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
28. CASING RECORD (Report all strings set in well)		19. ELEV. CASINGHEAD	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 2145-53, 2159-64' w/18 SPZ		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33.* PRODUCTION		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	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. SIGNED Original Signed F. H. WOOD TITLE Petroleum Engineer DATE May 14, 1969	

*(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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured cliffs	2145	