

**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.

5. LEASE DESIGNATION AND SERIAL NO.
SF 079383

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 30-6 Unit

8. FARM OR LEASE NAME
San Juan 30-6 Unit

9. WELL NO.
97 (OWO)

10. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
**Sec 27, T-30-N, R-7-W
N.M.P.M.**

12. COUNTY OR
Rio Arriba 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
Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1485' N, 1695' E**

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **W/O 10-20-65** 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) **10-28-65** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6707' GL** 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **5965** 21. PLUG, BACK T.D., MD & TVD **5953** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **0-5965** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5438-5478 (C.H.) 5820-5932 (P.L.) 25. WAS DIRECTIONAL SURVEY MADE _____ 27. WAS WELL CORED _____

26. TYPE ELECTRIC AND OTHER LOGS RUN
GRL, Ind., RAL, Temperature Survey

CASING RECORD (Report all strings set in well)			CEMENTING RECORD	
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
9 5/8"	36#	160'	13 3/4"	125 sks.
7"	23#	5345	8 3/4"	500 sks.
4 1/2"	10.5	5953	6 1/4"	175 sks.

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
					2 3/8"	5939

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5438-46	w/2 SFF	5456-60	w/4 SFF, 5470-78 w/2 SFF
5820-28	w/2 SFF	5886-90	w/4 SFF, 5902-10'
5924-32	w/2 SFF		
All shots w/3 1/8" S.D.J.		5820-5932	59,910 gal water, 60,000# sand

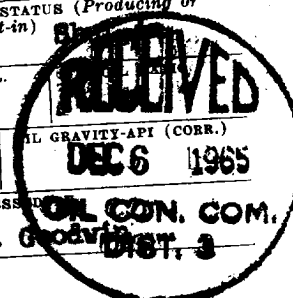
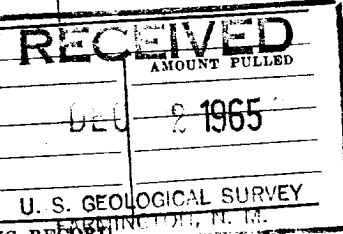
33.* PRODUCTION				WELL STATUS (Producing or shut-in)		
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.
SI after w/o	Flowing	3/4"				
DATE OF TEST	HOURS TESTED					
11-8-65	3					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE				
657	190			5,853 MCF/D		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESS _____
J. B. Goodwin

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 **OR G'NAL SIGNED E. S. OBERLY** TITLE **Petroleum Engineer** DATE **November 30, 1965**

*(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 23, below regarding separate reports for separate completions.

Item 4: If there are no directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments or Federal office for specific instructions.

Item 18: Indicate which completion 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, 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, for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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.

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Lewis	5150	
Cliff House	5365	
Manefee	5480	
Point Lookout	5813	