

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	Dry <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		New Well <input checked="" type="checkbox"/>	Work Over <input type="checkbox"/>	Refracture <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Northwest Pipeline Corporation						7. UNIT AGREEMENT NAME San Juan 30-5 Unit	
3. ADDRESS OF OPERATOR PO Box 90, Farmington, New Mexico 87401						8. FARM OR LEASE NAME San Juan 30-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1190' FSL & 1500' FWL At top prod. interval reported below Same At total depth Same						9. WELL NO. 63	
14. PERMIT NO.						12. COUNTY OR PARISH Rio Arriba	
DATE ISSUED						13. STATE New Mexico	
15. DATE SPUNDED 8-8-78		16. DATE T.D. REACHED 8-13-78		17. DATE COMPL. (Ready to prod.) 6-26-79		18. ELEVATIONS (DT, RKB, ET, GR, ETC.)* 6597' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3720'		21. PLUG, BACK T.D., MD & TVD 3704'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY A11		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3589'-3616'; Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN IEL, CDL/GR & GR/N/CCL	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24#		129'		12-1/4"	
2-7/8"		6.4#		3715'		7-7/8" & 6-3/4"	
29. LINER RECORD		30. TUBING RECORD		AMOUNT PULLED			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		AMOUNT AND KIND OF MATERIAL USED			
3589 3595 3600 3606 3611 3616		DEPTH INTERVAL (MD)		5000 gal pad slick wtr			
3590 3596 3601 3607 3612		3589' - 3616'		50,000# 10/20 sand in frac fluid			
3591 3597 3603 3608 3613				containing 2-1/2# FR/1000 gal.			
3592 3598 3604 3609 3614				Total fluid = 1153 bbls			
3594 3599 3605 3610 3615 26 holes							
33. PRODUCTION							
DATE FIRST PRODUCTION NA		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 6-26-79		HOURS TESTED 3		CHOKE SIZE 2" X 0.750"		PROD'N. FOR TEST PERIOD OIL—BBL. - GAS—MCF. CV 1149 MCFD	
FLOW. TUBING PRESS. Tubingless		CASING PRESSURE 80 psig		CALCULATED 24-HOUR RATE OIL—BBL. - GAS—MCF. AOF 1159 MCFD		WATER—BBL. - OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on pipeline connection		TEST WITNESSED BY 23 1979					
35. LIST OF ATTACHMENTS							

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

SIGNED Barbara C. Rex TITLE Production Clerk DATE July 16, 1979

*(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 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: "Seals (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 POROSITY ZONES:			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DEPTH-STEAM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Pictured Cliffs			Ss: 1t gry, fn-med gr s & p, ws & r, s1 calc.

38. GEOLOGIC MARKERS			
NAME	TOP		
	MEAS. DEPTH	TRUE VERT. DEPTH	
Pictured Cliffs	3556'	Same	