

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 ☐		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR Rocket Services, Inc.						5. FIELD NO. 14-20-803-5030	
3. ADDRESS OF OPERATOR P. O. Box 406, Farmington, New Mexico						6. IF NEVADA LOTTEE OR TRIBE NAME Navajo	
4. LOCATION OF WELL At surface Sec 36, TWP 29N, R17W At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. 9-19-64						8. NAME OF LEAST NAME Navajo	
15. DATE SPUN 9-19-64						9. WELL NO.	
16. DATE T.D. REACHED 10-4-64						10. FIELD NO. OF WILDCAT 11000	
17. DATE COMPL. (Ready to prod.) 5-19-64						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 36 29N 17W	
18. ELEVATION OF CASING HEAD, RT, GE, ETC.* 5170.4						12. COUNTY Juan	
19. ELEV. CASING HEAD						13. STATE N.M.	
20. TOTAL DEPTH, MD & TVD 1249						21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY 3-1249	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN 1.1.1.1.						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 8 5/8	WEIGHT, LB./FT. 24	DEPTH SET (MD) 32	HOLE SIZE 12	CEMENTING RECORD 17	AMOUNT PULLED None		
29. LINER RECORD				30. TUBING RECORD			
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.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				OCT 1 1964			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY OCT 15 1964 OIL CON. COM. DIST. 3 10-9-64	
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 Man		TITLE Manager		DATE 10-9-64			

*(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 23: 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 as completed for separate production from more than one interval zone (multiple completion), so state 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.

Submittal location on this form

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; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
Gallop	396	461	Sand Shale (Produced Water)		
Dakota	1231	1249	Sand (Produced Water)		