

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5030	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO	
2. NAME OF OPERATOR C.M. SARTAIN		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1737 Lafayette Dr N.E. - Albuquerque, N.M.		8. FARM OR LEASE NAME SARTAIN	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' ECL; 3310' FWL; SEC. 25; T-29N; R-17W At top prod. interval reported below At total depth CHANGE OK		9. WELL NO. #2	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 19 OCT 66		16. DATE T.D. REACHED 19 OCT 66	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5161' GR.	
19. ELEV. CASINGHEAD		12. COUNTY OR PARISH SAN JUAN	
20. TOTAL DEPTH, MD & TVD 290		13. STATE N.M.	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ALL		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	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 5 1/2"		WEIGHT, LB./FT.	
DEPTH SET (MD) 22'		HOLE SIZE 7 1/8"	
CEMENTING RECORD 5 SACKS		AMOUNT PULLED	
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	
33.* PRODUCTION		U. S. GEOLOGICAL SURVEY	
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.	
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 WITNESSES	
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 <i>C.M. Sartain</i>		TITLE OPERATOR	
DATE 20 OCT 66			

*(See Instructions and Spaces for Additional Data on Reverse Side)

