

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		14. PERMIT NO. 30-045027945		DATE ISSUED 6/26/90	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		15. DATE SPUNDED 8/18/90		16. DATE T.D. REACHED 4/18/91	
2. NAME OF OPERATOR Tiffany Gas Co.		17. DATE COMPL. (Ready to prod.) 4/18/91		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5033' GR.	
3. ADDRESS OF OPERATOR P.O. Drawer 3307, Farmington, NM 87499		19. ELEV. CASINGHEAD 5033' GR.		20. TOTAL DEPTH, MD & TVD 737.7' GR	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1675' FSL & 350' FWL L At top prod. interval reported below Same At total depth Same		21. PLUG, BACK T.D., MD & TVD NA		22. IF MULTIPLE COMPL., HOW MANY* NA	
		23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 736' - 737.7' GR. Hogback Dakota	
		25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN None	
		27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
7"		23# N-80		44' GR.	
4 1/2"		10.5# J-55		721.6' GR.	
29. LINER RECORD		30. TUBING RECORD		AMOUNT PULLED	
SIZE		TOP (MD)		BOTTOM (MD)	
None					
31. PERFORATION RECORD (Interval, size and number) No Perforations Open Hole 721.6' - 737.7' GR.		32. ACID, SHOT, FRACTURE, OR TEST SOURCE, ETC. DEPTH INTERVAL (MD) None		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION		DATE FIRST PRODUCTION 4/27/91		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - 1 1/4" insert/24" stroke	
DATE OF TEST 4/27/91		HOURS TESTED 24		CHOKE SIZE None	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →	
No Flow				5	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) No Gas		35. LIST OF ATTACHMENTS None		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED <u>Jim Hicks</u>		TITLE <u>Agent, Tiffany Gas Co.</u>		DATE <u>4/30/91</u>	

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

1-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USG Section 18

9. WELL NO.

56

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 7, T29N, R16W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

19. ELEV. CASINGHEAD

5033' GR.

23. INTERVALS DRILLED BY

44'-737.7'

0'-44'

Yes

27. WAS WELL CORED

No

CASING SIZE

WEIGHT, LB./FT.

DEPTH SET (MD)

HOLE SIZE

CEMENTING RECORD

AMOUNT PULLED

7"

23# N-80

44' GR.

10 1/4"

41.3 CF/35 sx Circulated

None

4 1/2"

10.5# J-55

721.6' GR.

6 1/4"

118 CF/100 sx circulated

None

29. LINER RECORD

30. TUBING RECORD

SIZE

TOP (MD)

BOTTOM (MD)

SACKS CEMENT*

SCREEN (MD)

SIZE

DEPTH SET (MD)

PACKER SET (MD)

None

2 3/8", 4.7#

726.5' GR

None

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, OR TEST SOURCE, ETC.

DEPTH INTERVAL (MD)

None

AMOUNT AND KIND OF MATERIAL USED

MAY 31 1991

OIL CON. DIV.

DIST 3

Producing or shut-in

Producing

33.* PRODUCTION

DATE FIRST PRODUCTION

4/27/91

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Pumping - 1 1/4" insert/24" stroke

DATE OF TEST

4/27/91

HOURS TESTED

24

CHOKE SIZE

None

PROD'N. FOR TEST PERIOD

→

OIL—BBL.

5

GAS—MCF.

TSTM

WATER—BBL.

9

GAS-OIL RATIO

TSTM

FLOW. TUBING PRESS.

No Flow

CASING PRESSURE

CALCULATED 24-HOUR RATE

→

OIL—BBL.

5

GAS—MCF.

WATER—BBL.

→

OIL GRAVITY-API (CORR.)

61.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

No Gas

35. LIST OF ATTACHMENTS

None

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

SIGNED

Jim Hicks

TITLE Agent, Tiffany Gas Co.

DATE 4/30/91

*(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, 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.

It is not filled 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": Attach 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.)

USG Section 18-56 (Elev. 5033' GR.)

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 (SED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
No D.S.T.'s or Cores were taken on this well. All Measurements were taken from Ground Level.				Note: Formation tops were taken from Geologist's samples. No electric or radioactive logs were ran on this well.		
				Mancos Sh.	Surface	same
				Juana Lopez	223.0'	"
				Greenhorn Ls.	617.0'	"
				Graneros Sh.	682.0'	"
				Dakota Ss.	726.0'	"