

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:		OH. WELL ☐	GAS WELL ☐	DRY ☒	Other _____						
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____				
2. NAME OF OPERATOR W. C. Imbt											
3. ADDRESS OF OPERATOR 210 West 36th Street, Farmington, New Mexico - 87401											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2475' FSL & 1485' FWL At top prod. interval reported below At total depth											
14. PERMIT NO.				DATE ISSUED 3-6-68							
15. DATE SPURRED 3-10-68		16. DATE T.D. REACHED 3-12-68		17. DATE COMPL. (Ready to prod.) 3-12-68		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5041' Gr.		19. ELEV. CASINGHEAD Same			
20. TOTAL DEPTH, MD & TVD 775'		21. PLUG, BACK T.D., MD & TVD 775'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		24. ROTARY TOOLS 36-775'		25. CABLE TOOLS 0-36'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None								25. WAS DIRECTIONAL SURVEY MADE No			
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction								27. WAS WELL CORED No			
29. CASING RECORD (Report all strings set in well)											
CASING SIZE 7"		WEIGHT, LB./FT. 20		DEPTH SET (MD) 36		HOLE SIZE 9"		CEMENTING RECORD 10 sacks		AMOUNT PULLED None	
29. LINER RECORD											
SIZE None		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
SIZE None		DEPTH SET (MD)		PACKER SET (MD)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD) None		AMOUNT AND KIND OF MATERIAL USED									
33.* PRODUCTION											
DATE FIRST PRODUCTION None		PRODUCTION METHOD (Flooding, gas lift, pumping—size and type of pump) None									
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD →		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF.		WATER—BBL.	
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY									
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 W. C. Imbt				TITLE Operator				DATE 3-14-68			

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