

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.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Havaio Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Havaio

9. WELL NO.

51

10. FIELD AND POOL, OR WILDCAT

Hattiesburg-Dakota11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA**Sec. 2-29N-19E**12. COUNTY OR
PARISH**San Juan**

13. STATE

New Mexico

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

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 291, C-rmi, Illinois 62821

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface **2310 FNL; 600 FEL**At top prod. interval reported below **Same**At total depth **Same**

14. PERMIT NO.

DATE ISSUED

11-20-68

15. DATE SPUDDED

3-21-69

16. DATE T.D. REACHED

3-29-69

17. DATE COMPL. (Ready to prod.)

3-30-69

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

5323 GR

19. ELEV. CASINGHEAD

5325

20. TOTAL DEPTH, MD & TVD

752

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-752

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Open Hole 747-75225. WAS DIRECTIONAL
SURVEY MADE**Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN

Widco-Gamma Ray

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	24	20'	8 3/4	5 sac	-0-
4 1/2"	9.5	735'	6 1/4	10 sac	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
				2 3/8	751	

31. PERFORATION RECORD (Interval, size and number)

Open Hole 747-752

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	Natural Completion

33.* PRODUCTION

DATE FIRST PRODUCTION 3-30-69		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 4-2-69	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 14	GAS—MCF. 21	WATER—BBL. 0	GAS-OIL RATIO 1500:1
FLOW, TUBING PRESS. 25	CASING PRESSURE 62	CALCULATED 24-HOUR RATE →	OIL—BBL. 14	GAS—MCF. 21	WATER—BBL. 0	OIL GRAVITY-AP (CORR.) 67	

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

Used for fuel & vented

TEST WITNESSED BY

John Cunningham

35. LIST OF ATTACHMENTS

Deviation Survey & Logs (2)

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

SIGNED

TITLE

Secretary

DATE

June 24, 1969

*(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 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": 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; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			
FORMATION	TOP	NAME	MEAS. DEPTH
			TRUE VERT. DEPTH
Mancos	Surface	Mancos	Surface
		Greenhorn	
		Graneros	
Dakota	710	Dakota	710
			710