

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.

6. INDIAN, ADOPTIVE OR TRIBE NAME

7. AGREEMENT NAME

8. FARM OR LEASE NAME

10. FIELD AND POOL, OR WILDCAT

11. SECTION, TOWNSHIP AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

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

3. ADDRESS **Halprock Corporation**

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

At surface **Box 111, Farmington, N.M.**

At top prod. interval reported below **2013 4' 21" 290' 0" Unit 1**

At total depth **3,228**

RECEIVED

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

20. TOTAL DEPTH & TVD 21. PLUG, BACK T.D., MD IF MULTIPLE COMPL., HOW MANY* 22. INTERVALS DRILLED BY

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

26. TYPE ELECTRIC AND OTHER LOGS RUN

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
4.5"	9.57	103'	5 5/8	circulated

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
none				

31. PERFORATION RECORD (Interval, size and number)

13 shots from 22-24'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
Fracked w 65 bbl lease crack 1500' ad site	
2000' 10/20	1500' 3/12 sand

33.* PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

DATE TESTED HOOR TESTED PUMP SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. RATIO

5-31-69 24 9 0 0 0

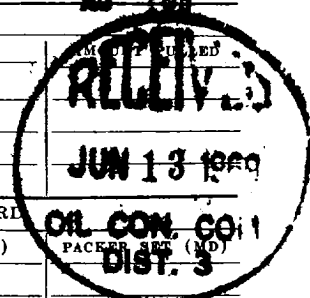
FLOWING PRESSURE CASING PRESSURE CALLED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY API (CORR.)

34. IDENTIFICATION OF GAS (Sold, for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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

SIGNED **W. F. Stringer** TITLE **Prod Supt** DATE **6-9-69**



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 Federal or State 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, shall be 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, before preparing separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all current or 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		38.	
FORMATION	TOP	NAME	TOP
	BOTTOM	MEAS. DEPTH	TRUE VERT. DEPTH
DESCRIPTION, CONTENTS, ETC.			