

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.6.5. LEASE DESIGNATION AND SERIAL NO.  
I-89-IND-56

## 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 _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Eastern Petroleum Company							
3. ADDRESS OF OPERATOR P. O. Box 226, Farmington, New Mexico 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2466' FSL - 484' FWL At top prod. interval reported below At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 12-11-69				16. DATE T.D. REACHED 12-12-69			
17. DATE COMPL. (Ready to prod.) 12-13-69				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5272 GL			
19. ELEV. CASINGHEAD 5270				20. TOTAL DEPTH, MD & TVD 840			
21. PLUG, BACK T.D., MD & TVD P&A				22. IF MULTIPLE COMPL., HOW MANY* single			
23. INTERVALS DRILLED BY				ROTARY TOOLS 0-840			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 835-840 KD-A				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)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	22	17.5	8 3/4	OIL 12sx COM. DIST. 3		none	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
none					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					none		
31. PERFORATION RECORD (Interval, size and number) Open Hole				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				none			
33. PRODUCTION							
DATE FIRST PRODUCTION 12-13-69		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swab				WELL STATUS (Producing or shut-in) T & A	
DATE OF TEST 12-13-69	HOURS TESTED 12	CHOKE SIZE 1"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 0	GAS—MCF. TSTM	WATER—BBL. 8	GAS-OIL RATIO TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 0	GAS—MCF. TSTM	WATER—BBL. 16	OIL GRAVITY-API (CORR.) None	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Deviation Survey							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Robert C. Gault</u>				TITLE Vice President		DATE 1-15-73	

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