

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:		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 W. M. Galloway							
3. ADDRESS OF OPERATOR 101-2 Petroleum Plaza Bldg., Farmington, N. M.							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2340' FNL, 2420' FEL At top prod. interval reported below 1472' At total depth 1752'							
14. PERMIT NO.				DATE ISSUED 12/24/70			
15. DATE SPUDDED 1/20/71		16. DATE T.D. REACHED 1/24/71		17. DATE COMPL. (Ready to prod.) 7/14/71		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5753 RB	
19. ELEV. CASINGHEAD 5747		20. TOTAL DEPTH, MD & TVD 1752'		21. PLUG, BACK T.D., MD & TVD 1689'		22. IF MULTIPLE COMPL., HOW MANY* -	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1472 - 1510 - Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger - IE, FD, Sonic and Gamma Ray	
27. WAS WELL CORRED No							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		36		200		12 1/4	
5 1/2"		17		1751.73		7 5/8	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
1"		1511.74		None			
31. PERFORATION RECORD (Interval, size and number) 1472 - 1510 / 48 - .47 holes							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
1472 - 1510				16,860 gallons water and 15,000 lbs. 10/20 sand fracture treatment			
33.* PRODUCTION							
DATE FIRST PRODUCTION 7/14/71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing from 1" tubing through 1" line				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 7/14/71		HOURS TESTED 3 hrs.		CHOKE SIZE Pitot tube →		PROD'N. FOR TEST PERIOD OIL—BBL. TSTM GAS—MCF. 210 WATER—BBL. TSTM GAS-OIL RATIO	
FLOW. TUBING PRESS. 27 lbs.		CASING PRESSURE 210		CALCULATED 24-HOUR RATE → OIL—BBL. TSTM GAS—MCF. 960 WATER—BBL. TSTM OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						TEST WITNESSED BY W. M. Galloway & Earl Starkey	
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 <i>W. M. Galloway</i>		TITLE Owner - Operator				DATE 7/16/71	

*(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 38, 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 38. 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: 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. GEOLOGIC MARKERS				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Farmington Sand	400	710	Sand and shale	Farmington	400		
Fruitland	1195	1208	Sand	Fruitland	1195		
Pictured Cliffs	1470	1650	Sand and shale streaks	Pictured Cliffs	1470		