

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. I-60-IND-36	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____ JAN 6 1972		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
2. NAME OF OPERATOR Stephen H. Kinney		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 303 N. Orchard St., Farmington, New Mexico 87401		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330/N & 2310/E At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 6-16-71		16. DATE T.D. REACHED 8-26-71	
17. DATE COMPL. (Ready to prod.) 8-26-71		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5130 ft	
19. ELEV. CASINGHEAD		12. COUNTY OR PARISH San Juan	
13. STATE N.M.		10. FIELD AND POOL, OR WILDCAT No. 1	
20. TOTAL DEPTH, MD & TVD 5130'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 30-120N-110E	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY Rotary Tools		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN No logs run		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10 1/2"	16	20	6 1/2"
CEMENTING RECORD			
AMOUNT PULLED			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
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.	
OIL GRAVITY-API (CORE.)		TEST WITNESSED BY	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
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 Stephen H. Kinney		TITLE Operator	
DATE		DEC. 10, 1971	

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