

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 *

1. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. I-871-IND-58	
2. 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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Nauvoo	
3. NAME OF OPERATOR Stephen H. Kinney		7. UNIT AGREEMENT NAME	
8. ADDRESS OF OPERATOR 207 N. Orchard Farmington, NY 87401		8. FARM OR LEASE NAME Red Rimpant	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 3811N; 2475W At top prod. interval reported below At total depth		9. WELL NO. 2-X	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Hogback	
15. DATE STUDDERED 2/8/72		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA S30, T27N, R16W	
16. DATE T.D. REACHED 6/30/73		12. COUNTY OR PARISH SAN JUAN NM	
17. DATE COMPL. (Ready to prod.) 6/30/73		13. STATE NM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5114 92		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 786		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY X	
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 NONE		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
			NONE
CEMENTING RECORD		AMOUNT PULLED	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			NONE
SCREEN (MD)		30. TUBING RECORD	
		SIZE	DEPTH SET (MD)
		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT, STUDDER, 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)	
		NONE	
WELL STATUS (Producing or shut-in)			
DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD
			NONE
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
			NONE
GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
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 2/27/74			

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

