

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 checked="" type="checkbox"/>	Other _____		
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 _____
2. NAME OF OPERATOR						Stephen H. Kinney	
3. ADDRESS OF OPERATOR						207 N. Orchard Farmington, N.M. 87401	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						At surface 330/N; 2475/W	
						At top prod. interval reported below	
						At total depth	
14. PERMIT NO.				DATE ISSUED		9/9/71	
15. DATE SPUDDED						9/30/71	
16. DATE T.D. REACHED						1/27/72	
17. DATE COMPL. (Ready to prod.)						1/28/72 P&A	
18. ELEVATIONS (DF, REB, RT, OR, ETC.)*						5114	
19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
790						ROTARY TOOLS X	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
None						none	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
none						none	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
4 1/2	9.5	770	6 1/4	20 SX			
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)							
PLUGGED & ABANDONED							
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)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	
						OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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 5/25/72	

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