

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.

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. GALLAWAY					
3. ADDRESS OF OPERATOR 101-2 Petroleum Plaza Bldg., Farmington, N. M. 87401					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL, 2212' FWL At top prod. interval reported below Same At total depth Same					
14. PERMIT NO.			DATE ISSUED 5-15-72		
15. DATE SPUDDED 6-15-72		16. DATE T.D. REACHED 6-20-72		17. DATE COMPL. (Ready to prod.) 7-7-72	
18. ELEVATIONS (DF, REB, RT, GE, ETC.)* 5492' KB		19. ELEV. CASINGHEAD 5489'			
20. TOTAL DEPTH, MD & TVD 1762'		21. PLUG BACK T.D., MD & TVD 1720'		22. IF MULTIPLE COMPL., HOW MANY*	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1613' - 1623' Pictured Cliffs				25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN IEL - CDL - GR				27. WAS WELL CORRED. NO	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING METHOD	AMOUNT PULLED
7"	23	65'	8 3/4"	25 Sacks	None
4 1/2"	95	1747.39'	6 1/4"	150 Sacks	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
1"	1618'	None			
31. PERFORATION RECORD (Interval, size and number) 1613' - 23' - 20 holes					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
1613'-23'		15,800 gal. water with 15,000, 10-20 sand fracture treatment			
33.* PRODUCTION					
DATE FIRST PRODUCTION 7-7-72		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing on tubing			WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST 8-2-72	HOURS TESTED 3 hrs.	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD —>	OIL—BBL. None	GAS—MCF. 158
WATER—BBL. None	GAS-OIL RATIO -				
FLOW. TUBING PRESS. 1#	CASING PRESSURE 142	CALCULATED 24-HOUR RATE —>	OIL—BBL. None	GAS—MCF. 399	WATER—BBL. None
OIL GRAVITY-API (CORR.) -					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					TEST WITNESSED BY Kenneth E. Reddy
35. LIST OF ATTACHMENTS Test.					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED W. M. Gallaway		TITLE Operator		DATE Aug. 15, 1972	

*(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 33, 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 33. 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	TRUE VERT. DEPTH
Ojo Alamo	290'	480'	Sand	Ojo Alamo	290'	
Fruitland	1340'	1440'	Sand & Coal	Fruitland	1340'	
Pictured Cliffs	1610'	1680'	Sand & Shale	P. C.	1610'	