

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 _____				5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5126	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Dry Hole				6. IF INDIAN, ALLOTTEE OR TRIBE NAME N00-C-14-20-5126	
2. NAME OF OPERATOR Alamosa Drilling Inc.				7. UNIT AGREEMENT NAME Chaco #2	
3. ADDRESS OF OPERATOR P.O. Box 609 Alamosa, Colo. 81101				8. FARM OR LEASE NAME Chaco	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' from north line & At top prod. interval reported below 910' from east line At total depth _____				9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED Oct. 2, 1973				12. COUNTY OR PARISH San Juan 13. STATE New Mexico	
15. DATE SPUDDED 4-9-74	16. DATE T.D. REACHED 4-11-74	17. DATE COMPL. (Ready to prod.) X X	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5062 GL	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 _____	ROTARY TOOLS X	CABLE TOOLS _____
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 7"	WEIGHT, LB./FT. 20 lbs.	DEPTH SET (MD) 30'	HOLE SIZE 8 1/2"	CEMENTING RECORD Circulated	AMOUNT PULLED None
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 P/A		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. GAS-OIL RATIO	
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.)					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

TITLE **Operator**DATE **5-25-74**

*(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:			38. GEOLOGIC MARKERS		
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					
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Calder - 105'		