

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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. 14-20-0603-9591	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
2. NAME OF OPERATOR Walter Duncan				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401				8. FARM OR LEASE NAME North Hogback 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2770' FNL - 900' FEL At top prod. interval reported below At total depth				9. WELL NO. 20	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Slickrock Dakota	
15. DATE SPUDDED 5-24-75 16. DATE T.D. REACHED 5-30-75 17. DATE COMPL. (Ready to prod.) 5-31-75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4991' GR 19. ELEV.-CASINGHEAD				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 1, T29N, R17W	
20. TOTAL DEPTH, MD & TVD 699' 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS 0-699'				12. COUNTY OR PARISH San Juan	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____				13. STATE NM	
25. WAS DIRECTIONAL SURVEY MADE No				26. TYPE ELECTRIC AND OTHER LOGS RUN Electric Log	
27. WAS WELL CORED No					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20#	32'	8-3/4"	15 sx	None
4-1/2"	9.5#	685'	6-1/4"	75 sx	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD				31. PERFORATION RECORD (Interval, size and number)	
SIZE	DEPTH SET (MD)	PACKER SET (MD)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
	None		DEPTH INTERVAL (MD)		
			AMOUNT AND KIND OF MATERIAL USED		
			MAR 8 1977		
33.* PRODUCTION					
DATE FIRST PRODUCTION TA 5-31-75		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.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
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 <u>Jim L. Jacobs</u>		TITLE <u>Agent</u>		DATE <u>3-7-77</u>	

*(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 16: 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				<u>Log Tops</u>		
				Sanostee	179'	
				Greenhorn	570'	
				Graneros	631'	
				<u>Sample Top</u>		
				Dakota	683'	

38.

GEOLOGIC MARKERS