

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. 14-20-0603-10008																			
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																			
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 6																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 610' FSL - 50' FWL At top prod. interval reported below At total depth		9. WELL NO. 10																			
14. PERMIT NO.		DATE ISSUED																			
15. DATE SPUDDED 1-14-76		16. DATE T.D. REACHED 2-6-76																			
17. DATE COMPL. (Ready to prod.) TA 2-6-76		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4983' GR																			
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 688'																			
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*																			
23. INTERVALS DRILLED BY		ROTARY TOOLS 27-688'																			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Open Hole 671-688'		CABLE TOOLS 0-27'																			
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)																			
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29. LINER RECORD		30. TUBING RECORD																			
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31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																			
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33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)																			
DATE FIRST PRODUCTION TA 2-6-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)																			
WELL STATUS (Producing or shut-in)		TEST WITNESSED BY																			
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.)																					
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 Jim L. Jacobs		TITLE Agent																			
DATE 3-7-77																					

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