

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 checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" 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 Supron Energy Corporation						5. LEASE DESIGNATION AND SERIAL NO. SF 047019 A	
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1720 Ft./N; 1790 ft./E line At top prod. interval reported below Same as above At total depth Same as above						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME Summit Viles	
15. DATE SPUDDED 2-13-80						9. WELL NO. 5	
16. DATE T.D. REACHED 2-17-80						10. FIELD AND POOL, OR WILDCAT Aztec Fruitland Extension	
17. DATE COMPL. (Ready to prod.) 4-2-80						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 33, T-29N, R-11W N.M.P.M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5572 R.K.B.						12. COUNTY OR PARISH San Juan	
19. ELEV. CASINGHEAD 5560						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 1551 MD & TVD						21. PLUG, BACK T.D., MD & TVD 1541 MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY* - - -						23. INTERVALS DRILLED BY - - -	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1402 - 1442 Fruitland MD & TVD						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Compensated Density						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7-5/8"		26.40		197		9-7/8"	
2-7/8"		6.50		1551		6-3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
		No Tubing Was		Run			
31. PERFORATION RECORD (Interval, size and number) 1 - 0.42" hole at each of the following depths: 1402, 1408, 1421, 1423, 1425, 1428, 1430, 1438, 1442 (Total of 9 holes)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
1402 - 1442				70 - 30 foam and 30,000 lb. of 20-40 sand.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
4-2-80		3		3/4"		OIL—BBL. _____ GAS—MCF. 94	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. _____ GAS—MCF. 754	
		50				WATER—BBL. _____ OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented							
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>Kenneth E. Roddy</u>		TITLE <u>Production Superintendent</u>				DATE <u>4-3-80</u>	
Kenneth E. Roddy							

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

NMOCC

INSTRUCTIONS

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, 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 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 office instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. This summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments to applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State office instructions.

Each elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. 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 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, interval to be separately produced, showing the additional data pertinent to such interval.

Attach supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Complete report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

OUTS ZONES :			
TANT ZONES OF POROSITY AND CONTENTS THEREOF ; CORED INTERVALS ; AND ALL DRILL-STEM TESTS, INCLUDING TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			
TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	
		38. GEOLOGIC MARKERS	
		NAME	MEAS. DEPTH
		Base of Ojo Alamo	590
		Top of	
		Frutland	1335
		TRUE VERT. DEPTH	