

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 ☐			
b. TYPE OF COMPLETION:				NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐			
2. NAME OF OPERATOR El Paso Natural Gas Company							
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1630'N, 1760'W At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 12-28-80				16. DATE T.D. REACHED 2-23-81		17. DATE COMPL. (Ready to prod.) 4-20-81	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 5698' GL				19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 6756'				21. PLUG BACK T.D., MD & TVD 6740'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY → 0-6756'				ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6248-6648' (Dak)						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL; CDL; SWN; GCL-GIL; Temp. Survey						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		211'		12 1/4"	
4 1/2"		10.5#		6756'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		6619'					
31. PERFORATION RECORD (Interval, size and number)							
6448, 6456, 6496, 6503, 6511, 6519, 6527, 6534, 6562, 6568, 6577, 6586, 6596, 6604, 6623, 6648 W/1 SPZ.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				6448-6648'		228,000# 165,000 gal. wtr.	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						Shut-In	
DATE OF TEST 4-20-81		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS. SI 1270		CASING PRESSURE SI 1211		CALCULATED 24-HOUR RATE →		OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)	
						After Frac gauge 166 MCF/D	
34. TEST WITNESSED BY Bob Easterling						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>D. G. Duico</u>				TITLE <u>Drilling Clerk</u>			
DATE <u>April 27, 1981</u>				BY <u>RB</u>			

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

NMOCC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completed or both, pursuant to applicable Federal and/or State laws and regulations. Any material submitted, particularly with regard to local, area, or regional procedures and practices and/or State office. See instructions on items 22 and 24, and 33, below regarding so and if filed prior to the time this summary record is submitted, copies of all current information and pressure tests, and directional surveys, should be attached hereto, to the should be listed on this form, see item 35.

should be listed on this form, see item 3.

ITEM 4: If there are no applicable state or Federal office for specific instructions,

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for each additional interval to be separately produced, showing the additional interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval, or intervals, top(s), bottom(s) and name(s) (if any) for more than one interval.

Item 29: "Additional Interval": Attached supplemental records for this well should show each additional interval to be separately produced, showing the additional interval.

Item 33: Submit a separate completion report on this form for each interval to be

report and log on all types of lands and uses to either a Federal agency or a State agency, carry special instructions concerning the use of this form and the number of copies to be submitted. If the instructions are not available, either are shown below or will be issued by, or may be obtained from, the local Federal land management office. The instructions for the State agency reports are shown on the separate reports for separate completions.

available logs (drillers, geologists, sample and core analysis, all types electric, etc.), format required by applicable Federal and/or State laws and regulations. All attachments

land should be described in accordance with Federal requirements. Consult local State

for depth measurements given in other spaces on this form and in any attachments.

for depth measurements given in other spaces on this form and in any attachments.

interval zone (multiple completion), so state in item 22, and in item 24 show the producing reported in item 33. Submit a separate report (page) on this form, adequately identified, pertinent to such interval.

the details of any multiple stage cementing and the location of the cementing tool.

are decays or any multiple stage cementing and the location of the 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	MEAN. DEPTH	TRUE VERT. DEPTH
				O. A.	800'	
				Kirtland	933'	
				Fruitland	1725'	
				P. C.	2024'	
				Chacra	3030'	
				M. V.	3675'	
				Mén.	3733'	
				P. L.	4190'	
				Gallup	5561'	
				G. H.	6310'	
				Gran.	6367'	
				Dakota	6487'	