

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 Supron Energy Corporation						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401						8. FARM OR LEASE NAME Zachry	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1120 Ft./South; 1120 Ft./West line At top prod. interval reported below Same as above At total depth Same as above						9. WELL NO. 23	
10. FIELD AND POOL, OR WILDCAT Bloomfield Chacra Extension						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34, T-29N, R-10W N.M.P.M.	
14. PERMIT NO.						12. COUNTY OR PARISH San Juan	
DATE ISSUED						13. STATE New Mexico	
15. DATE SPUDDED 12/21/80		16. DATE T.D. REACHED 12/26/80		17. DATE COMPL. (Ready to prod.) 3/4/81		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5718 R.K.B.	
19. ELEV. CASINGHEAD 5707		20. TOTAL DEPTH, MD & TVD 3070 MD & TVD		21. PLUG, BACK T.D., MD & TVD 3045 MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* ---	
23. INTERVALS DRILLED BY -->		ROTARY TOOLS 0 - 3070		CABLE TOOLS ---		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2912 - 3021 Chacra (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		212		9-7/8"	
2-7/8" E.U.E.		6.50		3055		6-3/4"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
No Tubing		No Tubing		No Tubing		No Tubing	
33. PRODUCTION		DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Shut-In	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
3/4/81		3		3/4"		OIL—BBL. 217	
GAS—MCF. 1733		WATER—BBL.		GAS-OIL RATIO		OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
133		1733		1733		1733	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY David Roark		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 Kenneth E. Roddy		TITLE Production Superintendent		DATE March 4, 1981		1981	

*(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: 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	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo (Base)	920	
				Fruitland	1680	
				Pictured Cliffs	1922	
				Chacra	2890	