

**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.

5. LEASE DESIGNATION AND SERIAL NO.
SF 047020 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Garland

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Bloomfield Chacra Extension

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 27, T-29N, R-11W
N.M.P.M

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1120 Ft./South; 875 Ft./West line
At top prod. interval reported below Same as above
At total depth Same as above

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 10/30/80 16. DATE T.D. REACHED 11/4/80 17. DATE COMPL. (Ready to prod.) 12/23/80 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5541 R.K.B. 19. ELEV. CASINGHEAD 5528

20. TOTAL DEPTH, MD & TVD 2905 MD & TVD 21. PLUG, BACK T.D., MD & TVD 2841 MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* - - - 23. INTERVALS DRILLED BY - - - ROTARY TOOLS 0 - 2905 CABLE TOOLS - - -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2668 - 2790 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	CEMENTING RECORD	AMOUNT PULLED
7-5/8"	26.40	255	12-1/4"	225 Sacks	
2-7/8"	6.50	2872	6-3/4"	430 Sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
NO TUBING		

31. PERFORATION RECORD (Interval, size and number)
1 - 0.42" hole at each of the following depths: 2668, 70, 72, 74, 76, 2772, 74, 2776, 78, 80, 82, 86, 88, 90. (Total of 14 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2668 - 2790	1000 Gal. 7-1/2% HCL, 56,000 lb. 20-40 sand, & 40,000 gal. 70-30 foam.

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	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/23/80	3	3/4"			359		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
- - -	226			2870		

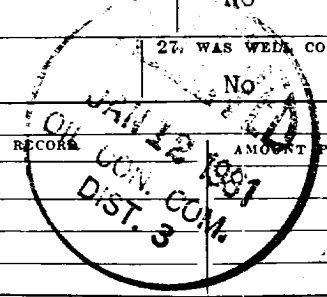
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented TEST WITNESSED BY Clifton Gates

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. Koddy TITLE Production Superintendent DATE December 24, 1980
Kenneth E. Koddy

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



8

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.)

FORMATION	TOP	BOTTOM		GEOLOGIC MARKERS	
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.		
	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	
				MEAS. DEPTH	
				TOP	
				TRUE VERT. DEPTH	
				Ojo Alamo (Base)	607
				Fruitland	1362
				Pictured Cliffs	1649
				Chacra	2658