

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

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						3. ADDRESS OF OPERATOR	
Southland Royalty Company						P.O. Drawer 570, Farmington, New Mexico 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						14. PERMIT NO. _____ DATE ISSUED _____	
At surface 830' FSL & 960' FWL						15. DATE SPUDDED 1-14-82	
At top prod. interval reported below						16. DATE T.D. REACHED 1-16-82	
At total depth						17. DATE COMPL. (Ready to prod.) SI 5-27-82	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*						19. ELEV. CASINGHEAD	
5851' KB						5838' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
2380'		2364'				ROTARY TOOLS 0-2380	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
1990'-2138'						Deviation	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
GR-CDL and IEL						No	
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24#		189'		12-1/4"	
2-7/8"		6.5#		2374'		6-3/4"	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
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31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Fruitland (5 holes)				DEPTH INTERVAL (MD)			
1990', 1996', 2001', 2089', 2138'				1990'-2138'			
				AMOUNT AND KIND OF MATERIAL USED			
				Frac'd with 25,325 gals slick water and 18,500# 20/40 sand			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
-----		-----				P&A	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
No Test		---		---		---	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
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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

Eithen Greffinger

TITLE

Secretary

DATE

OCT 10 1983

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

FARMINGTON RESOURCE AREA

BY Smm

NMOC

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 23, 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.)

#28 Cement Report: 8-5/8" casing cemented with 155 sacks (183 cu.ft.) of Class "B" with 1/4# flocele per sack and 3% CaCl₂. Plug down at 9:45 PM 1-14-82. Cement circulated. 2-7/8" casing cemented with 300 sacks (444 cu.ft.) of Class "B" 50/50 Poz with 6% gel and 1/4# flocele per sack, followed by 50 sxs (59 cu.ft.) of C1 "B" neat & 2% CaCl₂. PD @ 7:00 PM 1-17-82.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	1146'					
Fruitland	1948'					
Pictured Cliffs	2270'					

38.

GEOLOGIC MARKERS