

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42 B-3-11.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USG SECTION 19

9. WELL NO.

49

10. FIELD AND POOL, OR WILDCAT

HOGBACK DAKOTA

11. SEC. T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 19, T29N, R16W

12. COUNTY OR
PARISH

San Juan

13. STATE

NM

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

TIFFANY GAS COMPANY

3. ADDRESS OF OPERATOR

P.O. DRAWER 3307, FARMINGTON, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

1815' FSL & 1485' FEL

At top prod. interval reported below

At total depth Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

8/14/89

8/17/89

P & A 8/17/89 (Dry)

5115GR

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

767.5

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL
SURVEY MADE

NO PRODUCING INTERVALS

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

None

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"	29#	47'	8 3/4"	15 SX(17.7 CF) Circulated	NONE
4 1/2"	10.5#	745'	6 1/4"	100 SX(118 CF) Circulated	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
NONE					NONE		

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

NO PERFORATIONS:

3 3/4" Open Hole 745'--767.5'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
NONE	

33.* PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or
shut-in)

NO PRODUCTION

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

NONE

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.

SIGNED

Jim Hicks

TITLE AGENT/Tiffany Gas Company

DATE

8/23/89

SEP 01 1989

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

FARMINGTON RESOURCE AREA

RV

SM

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: "Sack 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.)

USG SECTION 19-49 (ELV: 5115' GR)

37. SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
NO D.S.T.'s or Cores were taken on this well.			Formation Tops Taken From Geologist's Samples - No Electric or Radioactive Logs were ran on this well
All Measurements were taken from Ground Level			Mancos SH Surface
			Juana Lopez 280'
			Greenhorn LS 655'
			Graneros SH 718'
			Dakota SS 761'
			Water wet porosity was encountered @ 767'