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SURMIT IN DUPLICATE* UNITED STATES

(Sec other In-

Form approved. Budget Eureau No. 42-R355.5.

DATE 4-30-75

structions on reverse side) DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY SF081098 6. IF INDIAN, ALLOTTLE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: WELL X 7. UNIT ACREEMENT NAME Other b. TYPE OF COMPLETION: WORK OVER DIFF. RESVR. NEW X PLUG BACK S. FARM OR LEASE NAME Other 2. NAME OF OPERATOR Riddle 9. WELL NO. El Paso Natural Gas Company 1A 3 ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT P. O. Box 990, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) Blanco MV 11. SEC., T., R., M., OR BLOCK AND SURVEY Sec. 4, T-30-N, R-9-W 1715'S, 990'W At top prod. interval reported below N.M.P.M. At total depth 12. COUNTY OR PARISH 13 STATE 14. PERMIT NO. DATE ISSUED San Juan New Mexico 16. DATE T.D. REACHER 17. DATE COMPL. (Ready to prod.) 19. ELEV. CASINGHEAD 15. DATE SPUDDED 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 03-13-75 04 - 08 - 756181' GL 03 - 02 - 7522. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 0 - 55785561' 25. WAS DIEECTIONAL 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* SURVEY MADE 4575-5499' (MV) No 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN Ind-GR; FDC-GR; Temp. Survey No CASING RECORD (Report all strings set in 28. CASING SIZE WEIGHT, LE./FT. DEPTH SET (MD) HOLE SIZE AMOUNT PULLED 9 5/8" 36# 231' 13 3/4" cu 3212' 3/4'' 20# TUBING RECORD LINER RECORD 30 DEPTH SET (MD) PACKER SET (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE RIZE TOP (MD) 5472' $4 \frac{1}{2}$ 5578**'** 2 3/8" 3028 431 cf 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 4698; 4782; 4712', 4727', 4738', 4798', w/1 SPZ. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 4575-4798' 55,000# sand; 58,290 gal wtr 5178', 5196', 5216', 5226', 5239', 5257', 5288', 5328', 5362', 5420', 5448', 5468', 5499' w/1 SPZ 5178-54991 100,000# sand;100,000 gal wtr. PRODUCTION 33 * DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) WELL STATES (Producing or shut-in Shut-in Flowing DATE OF TEST GAS-OIL RATIO HOURS TESTED PROD'N. FOR OIL BBL. GAS-MCE. CHOKE SIZE WATER-BBL. TEST PERIOD 3/4" Variable → 04 - 08 - 753 hours CALCULATED WATER-OIL GRAVITY-API (CORE.) FLOW, TUBING PRESS. CASING PRESSURE ott-GAS-MCF. -BRL 24-HOUR RATE SI 720 14,257 MCF/D-AOF TEST WITNESSED BY 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Carl Rhames 35. LIST OF ATTACHMENTS

Drilling Clerk

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

TITLE __

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 obtained from the local Federal and/or State office. See instructions on fems 22 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

Hem 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 should be listed on this form, see item 35.

Hem 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.

Hems 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 23 show the preducing 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 ferm, adequately identified, or Pederal office for specific instructions.

for each additional interval to be separately produced, showing the additional data pertment to such interval Hem 29: "Nacks Concod": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the comenting tool.

Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW ALL IMPORTANT ZONES OF DEFTH INTERVAL TESTED, CUSHI	ESTED, CUSHION	ROSITY AND CONTENT	M TESTS, INCLUDING	38. GEOLOG	GEOLOGIC MARKERS	
FORMATION	; ;	MOTTOM	RIPTION, CONTENTS, ETC.	NAME	10	PE VES
					MEAS, DEPTH TR	TRUE VEST, DEITIS
				Mesa Verde Point Lookout	4695' 5171'	
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