

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		7. UNIT AGREEMENT NAME _____	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Greiner	
2. NAME OF OPERATOR Arbac Oil and Gas Company		9. WELL NO. 15	
3. ADDRESS OF OPERATOR Drewer 570, Farmington, New Mexico		10. FIELD AND POOL OR WILDCAT San Juan	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1470 PBL & 1690 PBL Sec 18, T-31N, R-11W At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 18, T-31N, R-11W	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH San Juan	
15. DATE SPUDDED 4/14/66		13. STATE New Mexico	
16. DATE T.D. REACHED 5/16/66	17. DATE COMPL. (Ready to prod.) 5/16/66	18. ELEVATIONS (DF, RKB, BT, GE, ETC.)* 6147 CR	
19. ELEV. CASINGHEAD 6148	20. TOTAL DEPTH, MD & TVD 7355		
21. PLUG, BACK T.D., MD & TVD 7357	22. IF MULTIPLE COMPL., HOW MANY* _____		
23. INTERVALS DRILLED BY _____			24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7133-7246
25. ROTARY TOOLS _____			26. TYPE ELECTRIC AND OTHER LOGS RUN Log, Deduction, Density
27. CABLE TOOLS _____			28. WAS WELL CORED no
29. WAS DIRECTIONAL SURVEY MADE no			
30. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8	24#	266	12 1/2
4-1/2	11.6 & 10.5	7300	7-7/8
CEMENTING RECORD		AMOUNT PULLED	
225 EX		970 EX	
31. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
1 1/2	7300		
32. TUBING RECORD		33. PERFORATION RECORD (Interval, size and number)	
SIZE	DEPTH SET (MD)	34. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1 1/2	7300	35. DEPTH INTERVAL (MD)	
		36. AMOUNT AND KIND OF MATERIAL USED	
		60,000# 20/40 sand	
		54,700 gal water	
		44/100 #2	
37. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)	
	Flowing	shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
5/16/66	3 hr	3/4"	
FLOW	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
283	1863		5537
38. DISPOSITION OF GAS (Selling, used for fuel, vented, etc.)		TEST WITNESSED BY	
vented			
39. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED ORIGINAL SIGNED BY J.C.C. SALMON		TITLE District Superintendent	DATE 5/16/66

*(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, and/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 83, 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.), formations, 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, 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.)

38. GEOLOGIC MARKERS			
NAME	MEAS. DEPTH	TOP	
		MEAS. DEPTH	TRUE VERT. DEPTH

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.