

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.

NM 02814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cain

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

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

Sec. 20-31N-10W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

2. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other _____

3. NAME OF OPERATOR

Koch Industries Inc.

4. ADDRESS OF OPERATOR

P.O. Box 2256, Wichita, Kansas 67201

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

At surface 790' FNL & 790' FWL NW NW

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

6-5-75

15. DATE SPUDDED 6-21-75 16. DATE T.D. REACHED 6-26-75 17. DATE COMPL. (Ready to prod.) 7-15-75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5997' GR 6008' KB 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2930' 21. PLUS, BACK T.D., MD & TVD 2788' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS X CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Pictured Cliffs 2726-70' 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Comp. Formation Density & GR 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"	23#	191'	11"	150 sx class "B"	
4 1/2"	10.5#	2929'	6 1/2"	250 sx lite & 100 sx C1 "B"	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	2698'	

31. PERFORATION RECORD (Interval, size and number)

2726-70' w/44 holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2726-70'	Acid w/1000 gal. w/1000 gal. sealers. Fraced w/50,000 gal. wtr, 50,000# 10-20 sd.

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
7-15-75		Flowing				SI wtr on gas hook	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7-15-75	24			0	800	Tr	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
50	145		0	800	Tr	---	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented (Will be sold) TEST WITNESSED BY D. Echard

35. LIST OF ATTACHMENTS

Comp. Density Log & GR

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

SIGNED

Orville L. Schmidt

TITLE

Operations Manager

DATE

7-23-75

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

INSTRUCTIONS

General: This form is designed for submission to the State agency or a State agency, or both, pursuant to applicable Federal and 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, state, 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 33.

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.)

37 SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CURSION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		NAME	TOP		
FORMATION	TOP		BOTTOM	MEAS. DEPTH	TRUE VERT. DEPTH
		Pictured Cliffs	2726'		