

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form Approved
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. Ute Mtn Tribal MOG-G-1920-0625	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVL. ☐ Other _____		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Pinon Mesa B	
3. ADDRESS OF OPERATOR P. O.Box 990, Farmington, NM 87401		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1800'N, 1150'E At top prod. interval reported below At total depth		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 04-11-76		16. DATE T.D. REACHED 04-22-76	
17. DATE COMPL. (Ready to prod.) 06-28-76		18. ELEVATIONS (DF, RKE, RT, GR, ETC.)* 5687' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6434'	
21. PLUG, BACK I.B., MD & TVD 6418'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 0-6434	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION---TOP, BOTTOM, NAME (MD AND TVD)* 6254-6360' (DK)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES; FDC-GR; Temp. Survey		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	215'	12 1/4"
4 1/2"	10.5#	6434'	7 7/8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	6339'		
31. PERFORATION RECORD (Interval, size and number)			
6254', 6262', 6280', 6289', 6312', 6332', 6352', 6360' with 1 shot per zone.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6254-6360'		80,000# sand; 97,188 gal wtr	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, etc.)	
		After Frac Gauge - 916	
DATE OF TEST		HOURS TESTED	
06-28-76			
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL---BBL.		GAS---MCF.	
WATER---BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	
SI 1995		SI 1997	
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 J. Goodwin			
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 <u>A. P. Dineen</u>		TITLE <u>Drilling Clerk</u>	
DATE <u>July 9, 1976</u>			

*(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, 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 agency or State office. See instructions on items 22 and 24, and 24, below regarding separate reports for separate completions.

Item 2: 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 3: "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 4: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

Item 5: 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 6: 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.

Item 7: Indicate which interval 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 8: "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 9: 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; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
				PC MV PL Gal Greenhorn Graneros Dakota	1530' 3165' 4008' 5347' 6114' 6186' 6340'