UNITED STATES	SUBMIT
DEPARTMENT OF THE INTER	RIOR
GEOLOGICAL SURVEY	

IN DUPLICATE. (See other reverse sig

	CC	ORRECTED COPY	, ·
a• ∙r In-	F	Form approved, Budget Bureau No. 42-R35	5.5
s on ide)		SIGNATION AND SERIAL	
	SF 0786		
	6. IF INDIAN,	ALLOTTEE OR TRIBE NA	ME
	7. UNIT AGRE	EMENT NAME	•
_	S. FARM OR L	EASE NAME	
	Scott  9. WELL NO.		
-	22		
		POOL, OR WILDCAT	
-	Blanco J	Pictured Cliff	<u>s</u>
	OR AREA	, .u., or block and surve	Y
	Sec. 17	, T-31-N, R-10	۱۱-
	•	NMPM	
	12. COUNTY OR PARISH		-
	San Juan		20
в, кт, GL	1	19. ELEV. CASINGHEAD	-
GL			
¥		CABLE TOOLS	
_!	0 2301	25. WAS DIRECTIONAL	
	St.  NG RECORD H SET (MD)  CEMENT SQUEEZE, ETC.  AND KIND OF MATERIAL USED  Sd; 48,467 gal wtr.		
		No	
	27	. WAS WELL CORED	٠
		No	
GREC		AMOUNT PULLED	
	ft.		
<u>u.</u>	it.		
			•
TUB	ING RECORD		
S		- TACABLE SET (SID)	
TURE	CEMENT SQ	UEEZE, ETC.	
IOUN'	T AND KIND OF	MATERIAL USED	
000+	# sd; 48,	467 gal. wtr.	
3 + 1	WELL STATE	t's (Producing and	
ms.	onut, in	hut-in	
WA	TER-BBL.	GAS-OIL RATIO	
BBL,	OIL (	GRAVITY-API (CORR.)	
		)	

## NSTRUCTIONS

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.

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 or Federal office for specific instructions. 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 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,

interval, or intervals, top(s), bottom(s) and manufactor (i.e., i.e., i.

	FORMATION	TOP	BOTTOM	FORMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.		TOP	
Pictured Cliffs					AT (3) List and	1	BUE VERT. DEPTH
					Pictured Cliffs	2886	
					e y e y very de de Y de la jeur de de Y de la jeur de de		istored Pransida Objekta Moreta
	# 1						