

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 ☐		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐	
2. NAME OF OPERATOR <i>Curtis J. Little</i>			
3. ADDRESS OF OPERATOR <i>P.O. Box 234 Farmington, New Mexico</i>			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface <i>2070' fml 330' fml Sec. 30 T32N R17W</i> At top prod. interval reported below <i>As Above</i> At total depth <i>As Above</i>			
14. PERMIT NO. <i>115</i>		DATE ISSUED <i>38</i>	
15. DATE SPUDDED <i>6-12-64</i>	16. DATE T.D. REACHED <i>6-17-64</i>	17. DATE COMPL. (Ready to prod.) <i>5-24-66</i>	18. ELEVATIONS (DF, RKB, RT, OR, ETC.) <i>5531 RKB</i>
20. TOTAL DEPTH, MD & TVD <i>1175</i>	21. PLUG BACK T.D., MD & TVD <i>1170</i>	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY <i>ROTARY TOOLS</i>
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <i>1101-1104 & 1106-1110 Gallup</i>			
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>Formation Density Log</i>			
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<i>7"</i>	<i>20#</i>	<i>33'</i>	<i>8 3/4"</i>
<i>4 1/2"</i>	<i>9.5#</i>	<i>1172</i>	<i>6 1/4"</i>
30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
<i>2 3/4"</i>			
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
<i>1101-1110</i>		<i>35,000 # acid, 36,630 gal. crude</i>	
33.* PRODUCTION			
DATE FIRST PRODUCTION <i>5-24-66</i>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <i>Pumping</i>	
DATE OF TEST <i>5-24-66</i>	HOURS TESTED <i>24</i>	CHOKE SIZE <i>—</i>	PROD'N. FOR TEST PERIOD <i>15</i>
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. GAS—MCF. WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <i>Vented</i>			
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 <i>Jim L. Juarez</i>		TITLE <i>Agent</i>	

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

2011021211

RECEIVED
MAY 24 1966
U.S. GEOLOGICAL SURVEY
FARMINGTON, UTAHRECEIVED
JUN 1 1966
U.S. GEOLOGICAL SURVEY
FARMINGTON, UTAH

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 and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. All attachments, 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. Consult local State or Federal office for specific instructions.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

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.

Item 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. DRILL-STEM TESTS, INCLUDING		39. CASING RECORD		40. LINER RECORD		41. PRODUCTION RECORD		42. PRODUCTION METHOD		43. TEST PERIOD		44. CUSHION TEST		45. 24-HOUR RATE		46. CUSHION TEST		47. 24-HOUR RATE		48. CUSHION TEST		49. 24-HOUR RATE		50. CUSHION TEST		51. 24-HOUR RATE		52. CUSHION TEST		53. 24-HOUR RATE		54. CUSHION TEST		55. 24-HOUR RATE		56. CUSHION TEST		57. 24-HOUR RATE		58. CUSHION TEST		59. 24-HOUR RATE		60. CUSHION TEST		61. 24-HOUR RATE		62. CUSHION TEST		63. 24-HOUR RATE		64. CUSHION TEST		65. 24-HOUR RATE		66. CUSHION TEST		67. 24-HOUR RATE		68. CUSHION TEST		69. 24-HOUR RATE		70. CUSHION TEST		71. 24-HOUR RATE		72. CUSHION TEST		73. 24-HOUR RATE		74. CUSHION TEST		75. 24-HOUR RATE		76. CUSHION TEST		77. 24-HOUR RATE		78. CUSHION TEST		79. 24-HOUR RATE		80. CUSHION TEST		81. 24-HOUR RATE		82. CUSHION TEST		83. 24-HOUR RATE		84. CUSHION TEST		85. 24-HOUR RATE		86. CUSHION TEST		87. 24-HOUR RATE		88. CUSHION TEST		89. 24-HOUR RATE		90. 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