

OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		OPERATOR	
TYPE OF WELL													
TYPE OF COMPLETION													
Name of Operator													
Address of Operator													
Location of Well													
T. LETTER													
East													
Date Spudded													
16. Date T.D. Reached													
17. Date Compl. (Ready to Prod.)													
18. Elevations (DF, RKB, RT, GR, etc.)													
19. Elev. Casinghead													
Total Depth													
21. Plug Back T.D.													
22. If Multiple Compl., How Many													
23. Intervals Drilled By													
Producing Interval(s), of this well													
25. Was Directional Survey Made													
27. Was Well Cored													
CASING RECORD (Report all strings set in well)													
LINER RECORD													
TUBING RECORD													
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.													
PRODUCTION													
First Production													
Production Method													
Well Status													
Hours Tested													
Plate size													
Prod'n. For Test Period													
Oil - Bbl.													
Gas - MCF													
Water - Bbl.													
Gas - Oil Ratio													
Casing Pressure													
Calculated 24-Hour Rate													
Oil - Bbl.													
Gas - MCF													
Water - Bbl.													
Oil Gravity - API (Corr.)													
Position of Gas													
Test Witnessed By													
3. Test Unit Chart, Gas, water, oil analysis certificates.													
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.													
R. G. McKinney													
TITLE													
DATE													