Form 3160-4 (October 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO. NMSF-078885

WELL CO	OMPL	ETION OR	REC	OMPL	ETION F	REPO	ORT AND	LOC	3*-	6. IF IN	DIAN, ALLOTTEE	OR TRIBE NAME	
1a. TYPE OF V	NELL:	OIL WE	ı 🔲	GAS WELL X	DRY	Othjer				··· • J	/		
b. TYPE OF COMPLETION:									7. UNIT AGREEMENT NAME Canyoh Largo Unit				
NEW WORK DEEP PLUG DIFF. V DHC 125707											8. FARM OR LEASE NAME, WELL NO.		
	WELL	OVER EN	ш	BACK	RESVR	Jones .	D.10 1207	(17	n Fara	a /	Canyon Large	o Unit #278	
2. NAME OF	OPERATO	OR		API WELL NO.									
		N RESOURCES	OIL &	GAS COM	PANY			<u> </u>	70.0	30-039-20889			
3. ADDRESS AND TELEPHONE NO. PO Box 4289, Farmington, NM 87499 (505) 326-9700											10. FIELD AND POOL, OR WILDCAT Otero Chacra/Basin Dakota		
		(Report location	clearly a			y State i	equirements)*	- F. (1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				BLOCK AND SURVEY	
At surface		1960'FSL, 18	20'FWL				SE	P 20	03 🔄	, OI	R AREA		
At top prod	l. interval r	eported below					E-	٠.	Ç.				
At total depth											Sec. 11, T-25	5-N. R-6-W	
				_			12.		J &	,			
				1	4. PERMIT N	10.	DATE ISSUE	D			OUNTY OR ARISH	13. STATE	
							NO.	3455	578 J. F	•.	Rio Arriba	New Mexico	
15. DATE SPUD	DED 16.	DATE T.D. REACH	ED		MPL. (Ready t	o prod.)	نامم.			(KB, RT, BR, ETC.)* 19. ELEV. CASINGHEAD			
5/30/74 6/20/74 20. TOTAL DEPTH, MD &TVD 21. PLUG, B			BACK T.	8/13/03 BACK T.D., MD &TVD 22, IF ML			IPLE COMPL		6678' GR 23: INTERVALS ROTAR		TOOLS	CABLE TOOLS	
						HOW.M			RILLED BY				
7283'	AN INITEDIA	L (S) OF THIS COMP	67'	OR BOTTON	NAME (MD AN	ID 73 (D)+	2			0-728		TIONAL	
					,	ינטעו טו			,		25. WAS DIREC' SURVEY MA		
	7' Chacra	THER LOGS RUN	mingle	d w/Dakota						22 14/46	WELL CORED		
CBL-CCL		THER EOGS ROW									No No		
28.					CASING RE	CORD (Report all string	s set in	well)				
CASING SIZE/GRADE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE TOP OF CEMENT, CEMENTING RECO							RD	D AMOUNT PULLED					
9 5/8" H-40 4 1/2" K		32.3# 212' 11.6# & 10.5# 7283'			13 3/4" 225 cu.ft. 8 3/4" & 7 7/8" 1790 cu.ft.		- '						
	<i>-</i>												
29. LINER				n				30.		TII	BING RECORE		
SIZE	TOP (MD)	BOTTOM (MD)		CKS CEMENT	* SCREE	N (MD)	SIZE	DEPTH SET (MD)		PACKER SET (MD)			
							2 3/8"		7151'				
31 PERFORATI	ION RECOR	D (Interval, size and r	umber)		32.	-	ACI		(SN @ 7118') T, FRACTURE,		NT SOLIEEZE	ETC	
3174, 3176, 3254, 3462, 3500, 3564, 3616,						DEPTH INTERVAL (MD)					NIND OF MATE		
3620, 3622, 3624, 3631, 3632, 3643, 3655,									bl 20# linear g		56,400 SCF N	6,400 SCF N2	
3687, 3699, 3704, 3716, 3720, 3747, 3763, 3826, 3835, 3864, 3867' w/25 0.33" diameter									00# 20/40 Bra	ay sa			
holes									·····				
DATE FIRST PRO	DUCTION	PROL	OUCTION I	METHOD (Flo	wing, gas lift, pu		RODUCTION te and type of pump	9)			WELL STATUS	Producing or shut-in)	
Flowing										SI			
DATE OF TEST		HOURS TESTED	СНОК		ROD'N FOR EST PERIOD	OILB	BL	GAS	MCF	WATE	R-BBL	GAS-OIL RATIO	
8-13-03		11	2'	<u> </u>		<u> </u>		631 N	ACF/D Pitot G			<u> </u>	
FLOW. TUBING PRESS.				ULATED UR RATE	OIL-BBL		GAS-MCF		WATER-BBL			OIL GRAVITY-API (CORR.)	
SI 385		SI 385		<u> </u>		63		31 MCF/D					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold										TEST WITNESS	ED BY		
35. LIST OF AT	TACHMENTS										<u> </u>		
		None											
36. I hereby cert	tity that the fo	pregoing and attached	informatio	n is complete a	and correct as d	letermined	from all available	records					
SIGNED IMMU (ALL TITLE Regulatory Supervisor DATE 8/19/03													
	progra	**	Soo Inc					D-4	- D	•			
(()" ** cod==== 4004	see ins	struction	s and Spa	ices to	r Additiona	Data	on Reverse	Side)		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of approve the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

SEP 0 3 2003

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.

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.

ftem 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.)

FORMATION TOP	воттом	DESCRIPTION, CONTENTS, ETC.	NAME	TOP		
				NAME	MEAS. DEPTH	TRUE VERT. DEPT
				Pictured Cliff Chacra Mesa Verde Point Lookout Gallup Greenhorn Graneros Dakota	2743 3610 4395 4944 5990 6888 6951 7090	