

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 _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____2. NAME OF OPERATOR
H. K. Keesee3. ADDRESS OF OPERATOR
P. O. Box 1995, Farmington, New Mexico 874014. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **790 FNL, 790 FEL**At top prod. interval reported below **Same**At total depth **Same**

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED **2-17-69** 16. DATE T.D. REACHED **2-20-69** 17. DATE COMPL. (Ready to prod.) _____ 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **7260 Gr.** 19. ELEV. CASINGHEAD **7260 Gr.**20. TOTAL DEPTH, MD & TVD **3030** 21. PLUG, BACK T.D., MD & TVD **2985** 22. INTERVALS COMPLETED _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **X** CABLE TOOLS _____24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)
Pictured Cliffs
2937'-2965' 25. WAS DIRECTIONAL SURVEY MADE **No**26. TYPE ELECTRIC AND OTHER LOGS RUN
IES, FDC-GR, BHC27. WAS WELL CORED
No

CASING RECORD (Port 3 strings set in well)						CEMENTING RECORD		AMOUNT PULLED
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE					
7-5/8"	29.7	99'	10-3/4			75 sx		None
4-1/2"	9.5	3016'	6-3/4			100 sx.		None

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					1-1/4	2933	None

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Pictured Cliffs		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2937-2948, 22 holes		2937-2965	40,980 gals water &
2958-2965, 14 holes			40,000 lbs. sand

33.*			PRODUCTION				
DATE FIRST PRODUCTION		PRODUCTION METHOD (<i>Flowing, gas lift, pumping—size and type of pump</i>)				WELL STATUS (<i>Producing or shut-in</i>)	
Waiting on Pipeline		Flow				Shut in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-23-69	3	3/4	→	--	586	--	--
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
37	243	→	--	3/4"-586 CAOF-661	--	--	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Waiting on Pipeline TEST WITNESSED BY **--**

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 **President, Walsh Engineering & Production Corporation** DATE **May 16, 1969**

*(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 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.

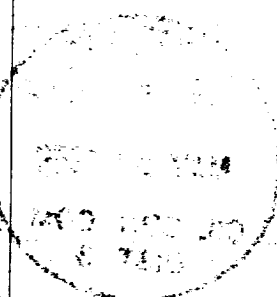
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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.)

37. SUMMARY OF POROUS ZONES: 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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Fruitland	2735	2908		Fruitland	2735	2735
Pictured Cliffs	2908	2998		Pictured Cliffs	2998	2998