

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 43-2555.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF-061160F

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

San-Luis Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY  
OR AREASec. 21, T-18N-, R-3W,  
NMPM12. COUNTY OR  
PARISH

Sandoval

13. STATE

New Mexico

## 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. ENVR. ☐ Other \_\_\_\_\_

2. NAME OF OPERATOR

Petroleum Development Corporation

3. ADDRESS OF OPERATOR

9720-B Candelaria N.E., Albuquerque, N.M. 87112

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface

2310' FEL &amp; 1980' FSL, Sec. 21, T-18N, R-3W

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

5/12/74

16. DATE T.D. REACHED

5/27/74

17. DATE COMPL. (Ready to prod.)

T.A. 5-28-74

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

6812 KB

19. ELEV. CASINGHEAD

6799'

20. TOTAL DEPTH, MD &amp; TVD

4661'

21. PLUG, BACK T.D., MD &amp; TVD

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22. IF MULTIPLE COMPL.,  
HOW MANY\*

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23. INTERVALS  
DRILLED BY

→

ROTARY TOOLS

O-T.D.

CABLE TOOLS

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24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)\*

Temporarily Abandoned

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction Focused Log, Densilog

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 10-3/4      | 40.48#          | 324'           | 13-3/4"   | 220 xxs.         | None          |
|             |                 |                |           |                  |               |
|             |                 |                |           |                  |               |
|             |                 |                |           |                  |               |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|------|----------------|-----------------|
|      |          |             |               |             |      |                |                 |
|      |          |             |               |             |      |                |                 |
|      |          |             |               |             |      |                |                 |
|      |          |             |               |             |      |                |                 |

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
|                     |                                  |
|                     |                                  |
|                     |                                  |
|                     |                                  |

33.\*

## PRODUCTION

| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |            |                         | WELL STATUS (Producing or shut-in) |  |
|-----------------------|-----------------|----------------------------------------------------------------------|-------------------------|----------|------------|-------------------------|------------------------------------|--|
| DEA                   |                 |                                                                      |                         |          |            |                         | TA                                 |  |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.              | GAS-OIL RATIO                      |  |
|                       |                 |                                                                      | →                       |          |            |                         |                                    |  |
| FLOW. TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |                                    |  |
|                       |                 | →                                                                    |                         |          |            |                         |                                    |  |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

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

TITLE

DATE 12/12/74

Charles W. Sanders

\*(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, at 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 land/er State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

**Item 22:** 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 24:** "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 29:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

**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.)

**Item 35:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State land/er State office for specific instructions.

**Item 36:** 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 37:** 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.

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## GEOLOGIC MARKERS

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

DESCRIPTION, CONTENTS, ETC.

FORMATION

TOP

BOTTOM

Entrada

4600

4630

Op 15", SI 45", Op 15", SI 45". Rec.

4050' SI Salty Water. IF 1007-1642,

SIP 1800-1800, FSIP 1642-1642, HP 2302-

2302. BHT 155°.

TOP

MEAS. DEPTH

TRUE VERT. DEPTH

1338

1465

2315

3253

3300

3405

3730

4528

4628

+5474

+5347

+4497

+3559

+3512

+3407

+3082

+2284

+2184

NAME

Point Lookout

Mancos

Gallup

Greenhorn

Graneros

"W" Dakota

Morrison

Todilto

Entrada