

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

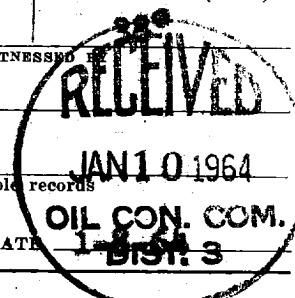
SUBMIT IN DUPLICATE*

(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						BOLACK-GREEK, INC.	
3. ADDRESS OF OPERATOR						158 Petroleum Center Building, Farmington, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						At surface 1020' PSL, 800' PKL, Sec. 11, T-25N, R-1W	
At top prod. interval reported below						Same	
At total depth						Same	
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
7-30-63		8-30-63		12-20-63		7225' RKB	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
6375'						All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
6349' to 6375'						No	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
ES induction and GR induction						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13-3/8"		48#		314		17 1/2"	
7-5/8"		26.4#		5263		9-7/8"	
5-1/2"		15.5#		6349		6-1/4"	
(inner)							
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
5-1/2"		4755		6349		130	
33.* PRODUCTION		DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
1-6-64		Kobe pump		Producing			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
1-6-64 50		24		-		295	
1-7-64							
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
-		-		295		106	
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	
Vented				None			
SIGNED		TITLE		DATE			
Vice-President		1-8-64					

*(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 filed on this form, see item 33.

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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			B. Masatech	1430	
			Anissa T.	1430	
			Pictured Cliffs	2540	
			Lewis	2610	
			Mesa Verde	4402	
			Mesa Verde	4503	
			Pt. Lookout	4793	
			Mansos	4992	
			Gallup Silt	5965	
			Gallup	6112	