

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

2. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☒ DIFF. RESER. ☐ Other ☐ *Completed to dual*

3. NAME OF OPERATOR
Conoco Inc.

4. ADDRESS OF OPERATOR
P.O. Box 460 Hobbs, N.M. 88240

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface *1870' FSL & 790' FWL*
At top prod. interval reported below
At total depth

14. PERMIT NO. *28-1397-20418* DATE ISSUED *98*

15. DATE SPUNDED *09-23-71* 16. DATE T.D. REACHED *-* 17. DATE COMPL. (Ready to prod.) *12-31-88* 18. ELEVATIONS (OF, REB, RT, etc., etc.) *700.1' 61*

20. TOTAL DEPTH, MD & TVD *7820'* 21. PLUG, BACK T.D., MD & TVD *7784'* 22. IF MULTIPLE COMPL. HOW MANY*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)
5544-7769

26. TYPE ELECTRIC AND OTHER LOGS RUN
GR, CCL, FDC, CAL

27. Casing Record (Report all sizes and depths)
OIL CON. DIV.

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<i>8 5/8</i>	<i>24</i>	<i>239</i>	<i>12 1/4</i>
<i>4 1/2</i>	<i>10.5</i>	<i>7820'</i>	<i>7 7/8</i>

LINER RECORD				TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE
					<i>2 3/8</i>

31. PERFORATION RECORD (Interval, size and number)
5681'-88', 5668'-77', 5659'-62', 5555'-63', 5544'-50' (2JSPF)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE
*acid: 7500 lbs. 7 1/2% HCl - FE
fuc: 3000 lbs. 15% HCl
flush: 3500 gals. salt water*

33. PRODUCTION
DATE FIRST PRODUCTION *12-09-88* PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) *pumping*

DATE OF TEST *01/31-89* HOURS TESTED *24* CHOKER SIZE *5* PRODN. FOR TEST PERIOD *5* OIL—BBL. *85* GAS—MCF. *74*

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL.

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

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 *W.W. Baker* TITLE *Administrative Supervisor* DATE *MAY 10 1989*

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCO

BY *Sm**RL M - Farmington (6) File*

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 office. See instructions on items 22 and 24, and 88, below regarding separate reports for separate completions. If not filed prior to the time this summary report is submitted, copies of all necessary instructions will be furnished to the local Federal office.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG		DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY		UNITED STATES	
NAME		MEAS. DEPTH		TRUB. VERT. DEPTH	
Chacra		4237		4237	
Cliff House		5048		5048	
Munette		5061		5061	
Pt. Lookout		5534		5534	
Gallup		6090		6090	
Greenhorn		7478		7478	
Graneros		7548		7548	
Dakota		7560		7560	

SUMMARY OF POROUS ZONES:		DEPT. OF TEST		DATE OF TEST	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTRAST THEREOF. CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL DOWN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		HOURS TAKEN		HOURS TAKEN	
FORMATION		CALCULATED		CALCULATED	
TOP		BOTTOM		BOTTOM	
DEPTH (FT.)		DEPTH (FT.)		DEPTH (FT.)	
100		100		100	
200		200		200	
300		300		300	
400		400		400	
500		500		500	
600		600		600	
700		700		700	
800		800		800	
900		900		900	
1000		1000		1000	
1100		1100		1100	
1200		1200		1200	
1300		1300		1300	
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2500		2500		2500	
2600		2600		2600	
2700		2700		2700	
2800		2800		2800	
2900		2900		2900	
3000		3000		3000	
3100		3100		3100	
3200		3200		3200	
3300		3300		3300	
3400		3400		3400	
3500		3500		3500	
3600		3600		3600	
3700		3700		3700	
3800		3800		3800	
3900		3900		3900	
4000		4000		4000	
4100		4100		4100	
4200		4200		4200	
4300		4300		4300	
4400		4400		4400	
4500		4500		4500	
4600		4600		4600	
4700		4700		4700	
4800		4800		4800	
4900		4900		4900	
5000		5000		5000	
5100		5100		5100	
5200		5200		5200	
5300		5300		5300	
5400		5400		5400	
5500		5500		5500	
5600		5600		5600	
5700		5700		5700	
5800		5800		5800	
5900		5900		5900	
6000		6000		6000	
6100		6100		6100	
6200		6200		6200	
6300		6300		6300	
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6600		6600		6600	
6700		6700		6700	
6800		6800		6800	
6900		6900		6900	
7000		7000		7000	
7100		7100		7100	
7200		7200		7200</	

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-101
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Conoco Inc.		Lease Jicarilla 22		Well No. 3A	
Unit Letter L	Section 22	Township 25N	Range 4W	County Rio Arriba	
Actual Footage Location of Well: 1870 feet from the South line and 790 feet from the West line					
Ground Level Elev. 7001	Producing Formation Mesaverde		Pool Und. Mesaverde	Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: **D.F. Finney**
Position: **Ac. Supervisor**
Company: **Conoco Inc.**
Date: **10/18/88**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer and/or Land Surveyor

Certificate No. _____

RECEIVED
MAY 17 1989
OIL CON. DIV
DIST. 3

RECEIVED
OCT 20 1988
OIL CON. DIV
DIST. 3

