

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-3355.5.

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. DESVR. ☐	Other _____
2. NAME OF OPERATOR Jerome P. McHugh						5. LEASE DESIGNATION AND SERIAL NO. NM 16447	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements)* At surface 790' FSL — 890' FWL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME Cougar	
15. DATE SPUNDED 11-30-73 16. DATE T.D. REACHED 2-8-74 17. DATE COMPL. (Ready to prod.) 5-3-74 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7441' GR — 7454' RKB 19. ELEV. CASINGHEAD						9. WELL NO. 1	
20. TOTAL DEPTH, MD & TVD 3684' 21. PLUG, BACK T.D., MD & TVD 3628' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-3684' CABLE TOOLS						10. FIELD AND POOL, OR WILDCAT Gavilan P.C.	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3568' — 3604' Pictured Cliffs						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 19, T25N, RIW	
25. TYPE ELECTRIC AND OTHER LOGS RUN IES and Density						12. COUNTY OR PARISH Rio Arriba	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES and Density						13. STATE NM	
27. WAS DIRECTIONAL SURVEY MADE No						28. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24#		95' RKB		12-1/4"	
4-1/2"		11.6 & 10.5#		3684' RKB		7-7/8"	
30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		PACKER SET (MD)	
1-1/4"						3610' RKB	
31. PERFORATION RECORD (Interval, size and number)							
2 jets/ft 3568-3574' and 3598-3604'							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
				See completion report for detailed frac information.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 5-22-74		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS. 664 SI		CASING PRESSURE 700 SI		CALCULATED 24-HOUR RATE →		OIL—BBL. 606 AOF	
						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 None							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		Original signed by T. A. Dugan Thomas A. Dugan		TITLE Engineer		DATE 8-29-74	

*(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. 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 38. 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
				<u>Log Tops</u>	
				Ojo Alamo	3358'
				Kirtland	3444'
				Fruitland	3525'
				Pictured Cliffs	3554'