

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						7. UNIT AGREEMENT NAME	
El Paso Natural Gas Company						Canyon Largo Unit	
3. ADDRESS OF OPERATOR						8. FARM OR LEASE NAME	
Box 990, Farmington, New Mexico 87401						Canyon Largo Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						9. WELL NO.	
At surface 1630'S, 1140'E						229	
At top prod. interval reported below						10. FIELD AND POOL, OR WILDCAT	
At total depth						So. Blanco Pictured Cliffs	
14. PERMIT NO.						12. COUNTY OR PARISH	
DATE ISSUED						13. STATE	
15. DATE SPUDDED						Rio Arriba New Mexico	
16. DATE T.D. REACHED						19. ELEV. CASINGHEAD	
17. DATE COMPL. (Ready to prod.)						25. WAS DIRECTIONAL SURVEY MADE	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)*						NO	
20. TOTAL DEPTH, MD & TVD						27. WAS WELL CORED	
21. PLUG, BACK T.D., MD & TVD						NO	
22. IF MULTIPLE COMPL., HOW MANY*						28. TYPE ELECTRIC AND OTHER LOGS RUN	
23. INTERVALS DRILLED BY						IEL, CDL-GR, Temperature Survey	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						29. CASING RECORD (Report all strings set in well)	
2554-72' (Pictured Cliffs)						30. TUBING RECORD	
26. TYPE ELECTRIC AND OTHER LOGS RUN						31. PERFORATION RECORD (Interval, size and number)	
27. WAS WELL CORED						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
28. TYPE ELECTRIC AND OTHER LOGS RUN						33. PRODUCTION	
29. CASING RECORD (Report all strings set in well)						34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
30. TUBING RECORD						35. LIST OF ATTACHMENTS	
31. PERFORATION RECORD (Interval, size and number)						36. I hereby certify, that the foregoing and attached information is complete and correct as determined from all available records	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						SIGNED <u>A. G. Buice</u> TITLE <u>Drilling Clerk</u> DATE <u>4-25-74</u>	
33. PRODUCTION							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
35. LIST OF ATTACHMENTS							
36. I hereby certify, that the foregoing and attached information is complete and correct as determined from all available records							

*(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
				Pictured Cliffs	2550'		