

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 *

1a. TYPE OF WELL: OH. WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. Federal SP 079086	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Intermountain Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 202 Petroleum Plaza, Farmington, New Mexico		8. FARM OR LEASE NAME Egan	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface 1190/W and 810/E Sec. 18-T24N-R6W At top prod. interval reported below At total depth Same		9. WELL NO. 1	
14. PERMIT NO.		13. STATE New Mexico	
15. DATE SPUNDED Oct 29, 1965		12. COUNTY OR PARISH Rio Arriba	
16. DATE T.D. REACHED 11/3/65		18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 6977 M	
17. DATE COMPL. (Ready to prod.) 11/11/65		19. ELEV. CASINGHEAD 6990	
20. TOTAL DEPTH, MD & TVD 2185		21. PLUG, BACK T.D., MD & TVD 2194	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2074 to 2098, Pictured Cliffs sand		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Lane Wells Electric log		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8 5/8	WEIGHT, LB./FT. 28	DEPTH SET (MD) 104	HOLE SIZE 12 1/4
4 1/2	9.5	2194	6 3/4
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
31. PERFORATION RECORD (Interval, size and number) 2074-2098, 2 per foot		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 2074-2098	
33.* PRODUCTION		WELL STATUS (Shut-in or flowing) Flowing	
DATE FIRST PRODUCTION NO pipeline	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	WELL STATUS (Shut-in or flowing) Shut-in	
DATE OF TEST 11-22-65	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD 1,690
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE 1,690	OIL—BBL. 1,690
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		OIL GRAVITY-API (CORR.)	
35. LIST OF ATTACHMENTS		OIL GRAVITY-API (CORR.)	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED M. Cole		TITLE President	
DATE 11-24-65		DATE 11-24-65	

*(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 36.

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	TRUE VERT. DEPTH
Ojo Alamo Pictured Cliffs	1190 2074	1614 2098		Water sand Gas sand	Tertiaried & sh Ojo Alamo Kirtland Fredtland PC Lodis	1190 1614 1930 2074 2098	