

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 <input type="checkbox"/>                                          | GAS WELL <input type="checkbox"/>  | DRY <input checked="" type="checkbox"/> | Other _____                        |                                              |                 |
| b. TYPE OF COMPLETION:                                                                                                                                                                                                                                                          |                 | NEW WELL <input type="checkbox"/>                                          | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/>        | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>        | Other _____     |
| 2. NAME OF OPERATOR _____                                                                                                                                                                                                                                                       |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 3. ADDRESS OF OPERATOR <b>Thomas J. Hynes</b>                                                                                                                                                                                                                                   |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface <b>The Basin Lodge, Farmington, New Mexico</b><br>At top prod. interval reported below <b>1980/S &amp; 660/E</b><br>At total depth <b>Sec. 26, T. 24 N., R. 16 W.</b> |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 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.) _____ |                 |
| 20. TOTAL DEPTH, MD & TVD <b>6-1-72 6-6-72</b>                                                                                                                                                                                                                                  |                 | 21. PLUG, BACK T.D., MD & TVD _____                                        |                                    | 22. IF MULTIPLE COMPL., HOW MANY* _____ |                                    | 23. INTERVALS DRILLED BY _____               |                 |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <b>1103'</b>                                                                                                                                                                                      |                 |                                                                            |                                    |                                         |                                    | 25. WAS DIRECTIONAL SURVEY MADE _____        |                 |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN <b>Electric Induction</b>                                                                                                                                                                                                                  |                 |                                                                            |                                    |                                         |                                    | 27. WAS WELL CORED <b>No</b>                 |                 |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                                              |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| CASING SIZE                                                                                                                                                                                                                                                                     | WEIGHT, LB./FT. | DEPTH SET (MD)                                                             | HOLE SIZE                          | CEMENTING RECORD                        | AMOUNT PULLED                      |                                              |                 |
| <b>7"</b>                                                                                                                                                                                                                                                                       | <b>20</b>       | <b>60"</b>                                                                 | <b>8-7/8"</b>                      | <b>60 sacks</b>                         | <b>None</b>                        |                                              |                 |
| 29. LINER RECORD                                                                                                                                                                                                                                                                |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| SIZE                                                                                                                                                                                                                                                                            | TOP (MD)        | BOTTOM (MD)                                                                | SACKS CEMENT*                      | SCREEN (MD)                             | 30. TUBING RECORD                  |                                              |                 |
|                                                                                                                                                                                                                                                                                 |                 |                                                                            |                                    |                                         | SIZE                               | DEPTH SET (MD)                               | PACKER SET (MD) |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                                                                                                              |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 32. LEAD, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                                                                                                                                                                  |                 |                                                                            |                                    | DEPT. INTERVAL (MD)                     |                                    |                                              |                 |
|                                                                                                                                                                                                                                                                                 |                 |                                                                            |                                    | AMOUNT AND KIND OF MATERIAL USED        |                                    |                                              |                 |
|                                                                                                                                                                                                                                                                                 |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
|                                                                                                                                                                                                                                                                                 |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
|                                                                                                                                                                                                                                                                                 |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 33.* PRODUCTION RECORD                                                                                                                                                                                                                                                          |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| DATE FIRST PRODUCTION _____                                                                                                                                                                                                                                                     |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ |                                    |                                         |                                    | WELL STATUS (Producing or shut-in) _____     |                 |
| DATE OF TEST                                                                                                                                                                                                                                                                    | HOURS TESTED    | CHOKE SIZE                                                                 | PROD'N. FOR TEST PERIOD            | OIL—BBL.                                | GAS—MCF.                           | WATER—BBL.                                   | GAS-OIL RATIO   |
| FLOW. TUBING PRESS.                                                                                                                                                                                                                                                             | CASING PRESSURE | CALCULATED 24-HOUR RATE                                                    | OIL—BBL.                           | 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 _____                                                                                                                                                                                                                                                   |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                                                                                                               |                 |                                                                            |                                    |                                         |                                    |                                              |                 |
| SIGNED <b>Thomas J. Hynes</b>                                                                                                                                                                                                                                                   |                 | TITLE <b>Operator</b>                                                      |                                    |                                         | DATE <b>6-6-72</b>                 |                                              |                 |

\*(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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>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 |
| CHIFF HOUSE                                                                                                                                                                                                                                           | 303  | 398    |                             |      |             |                  |
| MENE FEE                                                                                                                                                                                                                                              | 835  | P      |                             |      |             |                  |
| STRAY SAND                                                                                                                                                                                                                                            | 1005 |        |                             |      |             |                  |