

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		Caulkins Oil Company				U. S. GEOLOGICAL SURVEY	
3. ADDRESS OF OPERATOR		P.O. Box 340, Bloomfield, New Mexico				DURANGO, COLO. 87413	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 990 from the North and 990 from the West				Same	
At top prod. interval reported below		Same					
At total depth		Same					
14. PERMIT NO.		DATE ISSUED					
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10-14-51		6-24-77		6491 DF		6480	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
2972						ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		Open hole 2832 to 2972				25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8 5/8"	24	467	12 3/4"	190 sacks		None	
5 1/2"	17	2832	7 7/8"	200		None	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
2 7/8"	0	2851	125		SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1"	2902	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Open hole 2832-2972				DEPTH INTERVAL (MD)			
				2832-2972			
				AMOUNT AND KIND OF MATERIAL USED			
				50,000# 20-40 sand and 1424 bbls. water			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6-24-77		Flowing				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	
Well turned on line to Gas Company of New Mexico							
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.)						TEST WITNESSED BY	
Sold						OIL CON. COM. DIST. 3	
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		TITLE			DATE		
Charles Deque		Superintendent			6-25-77		

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

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 _____										7. UNIT AGREEMENT NAME _____													
2. NAME OF OPERATOR _____										8. FARM OR LEASE NAME _____													
3. ADDRESS OF OPERATOR _____										9. WELL NO. _____													
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface _____ At top prod. interval reported below _____ At total depth _____										10. FIELD AND POOL, OR WILDCAT _____													
14. PERMIT NO. _____ DATE ISSUED _____										12. COUNTY OR PARISH _____					13. STATE _____								
15. DATE SPUDDED			16. DATE T.D. REACHED			17. DATE COMPL. (Ready to prod.)			18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*					19. ELEV. CASINGHEAD									
20. TOTAL DEPTH, MD & TVD				21. PLUG, BACK T.D., MD & TVD				22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY				ROTARY TOOLS				CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*															25. WAS DIRECTIONAL SURVEY MADE								
26. TYPE ELECTRIC AND OTHER LOGS RUN															27. WAS WELL CORED								
28. CASING RECORD (Report all strings set in well)																							
CASING SIZE				WEIGHT, LB./FT.				DEPTH SET (MD)				HOLE SIZE				CEMENTING RECORD				AMOUNT PULLED			
29. LINER RECORD										30. TUBING RECORD													
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)									
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.													
										DEPTH INTERVAL (MD)					AMOUNT AND KIND OF MATERIAL USED								
33.* PRODUCTION																							
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																							

***(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.)

Cleaned out open hole to 2970'. Fractured open hole with 50,000# 20-40 sand and 1424 bbls. water
This work done 5-26-77.

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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Alamo	2295	2387	Water sands			
Pictured Cliffs	2881	2960	Gas Sands			