

**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: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other Dual Commingle

2. NAME OF OPERATOR
Caulkins Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 780 Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 790 from the South and 1650 from the East
At top prod. interval reported below same
At total depth same

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 8-22-74 16. DATE T.D. REACHED 8-28-74 17. DATE COMPL. (Ready to prod.) 5-1-78 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6707 DF 19. ELEV. CASINGHEAD 6693

20. TOTAL DEPTH, MD & TVD 4000 21. PLUG, BACK T.D., MD & TVD 4000' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-4000' CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3002' to 3950' 25. WAS DIRECTIONAL SURVEY MADE no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric 27. WAS WELL CORED no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8"</u>	<u>28#</u>	<u>140'</u>	<u>12 1/4"</u>	<u>128 sacks</u>	<u>none</u>
<u>4 1/2"</u>	<u>12.6#</u>	<u>4000'</u>	<u>7 7/8"</u>	<u>415 sacks</u>	<u>none</u>

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<u>1"</u>	<u>3844</u>	

31. PERFORATION RECORD (Interval, size and number)

Interval	Size	Number
<u>2938</u>	<u>2946</u>	<u>2952</u>
<u>2957</u>	<u>2968</u>	<u>-.32 dia</u>

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>2938-2968</u>	<u>20,000# 20-40 sand and 642 bbls water</u>

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<u>5-9-78</u>	<u>24 hrs</u>				<u>150</u>		

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.)
Sold to Gas Company of New Mexico 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 Dwight Blonett TITLE Prod. Foreman DATE 5-16-78

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

