

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

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 850'S, 1680'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR  
PARISH  
Rio Arriba

13. STATE

New Mexico

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

11/4/73

11/10/73

6/14/74

18. ELEVATIONS (DF, RSB, RT, GR, ETC.)\*

7165' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

4114'

21. PLUG, BACK T.D., MD &amp; TVD

4104'

22. IF MULTIPLE COMPL.,  
HOW MANY\*23. INTERVALS  
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-4114

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

3966-4020 (PC)

25. WAS DIRECTIONAL  
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, FDC-GR; Temperature Survey

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 |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 8 5/8"      | 24#             | 142'           | 12 1/4"   | 106 cubic feet   |               |
| 2 7/8"      | 6.4#            | 4114'          | 6 3/4"    | 321 cubic feet   |               |
|             |                 |                |           |                  |               |
|             |                 |                |           |                  |               |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE       | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|------------|----------------|-----------------|
|      |          |             |               |             | Tubingless |                |                 |
|      |          |             |               |             |            |                |                 |
|      |          |             |               |             |            |                |                 |

31. PERFORATION RECORD (Interval, size and number)

3966-76, 3986-96, 4008-20  
with 12 SPZ.

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| 3966-4020           | 42,000# sand, 41,120 gals. water |
|                     |                                  |
|                     |                                  |

33.\* PRODUCTION

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

Flowing

Shut-in

| DATE OF TEST        | HOURS TESTED    | CHOKE SIZE              | PROD'N. FOR TEST PERIOD | OIL—BBL.       | GAS—MCF.   | WATER—BBL.              | GAS-OIL RATIO |
|---------------------|-----------------|-------------------------|-------------------------|----------------|------------|-------------------------|---------------|
| 6/14/74             | 3               | 3/4"                    | →                       |                |            |                         |               |
| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL.                | GAS—MCF.       | WATER—BBL. | OIL GRAVITY-API (CORR.) |               |
| ---                 | SI 747          | →                       |                         | 2470 Mcf/d-Abf |            |                         |               |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY  
J. B. Goodwin

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

D. J. Lugo

TITLE

Drilling Clerk

DATE

June 21, 1974

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

**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 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 report is submitted, the following instructions apply:

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 board or agency on this form. See Item 3b.

**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, describe each zone, including the interval zone, completion, and casing.

any characteristics 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 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. (See instruction for items 22 and 24 above.)

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