

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 289, Farmington, New Mexico 87401					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2010' N, 1690' E At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 9-1-79		16. DATE T.D. REACHED 9-14-79		17. DATE COMPL. (Ready to prod.) 7-31-80	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7101' GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 8396		21. PLUG BACK T.D., MD & TVD 8382		22. IF MULTIPLE COMPL., HOW MANY* 2	
23. INTERVALS DRILLED BY 10- 8396		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8168 - 8379' (DAK) 5662-6493' (MV)		25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-CNL-GR, I-GR		27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.		Depth Set (MD)	
13 3/8"		48#		366'	
9 5/8"		40#		4316'	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)	
Size		Top (MD)		Bottom (MD)	
7"		4153		6545	
4 1/2"		6692		8396	
Sacks Cement*		Screen (MD)		Size	
655 cu. ft.		2 1/16 8 1/2"		6480	
317 cu. ft.		2 3/8"		8329	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		Depth Interval (MD)		Amount and Kind of Material Used	
8168-8379'		156,000# sand, 120,000 gal. water		73,000# sand, 146,000 gal. water	
6137-6493'		31,000# sand, 62,000 gal. water		5784, 5790'	
5662-5790'		DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
Flowing		Shut-in		WELL STATUS (Producing or shut-in)	
DATE OF TEST 7-24-80		HOURS TESTED 3 hrs.		CHOKE SIZE 3/4	
PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)		WATER—BBL.		OIL GRAVITY-API (CORR.)	
Dak 1630		SI 1118		Dak 370	
MV 1093		MV 8713		TEST WITNESSED BY Dak. Roger Hardy MV Lyle Nation	
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 SEP 12 1980		TITLE Drilling Clerk		DATE August 15, 1980	

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

FARMINGTON DISTRICT

BY _____

NMOCC

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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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 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 and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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 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 attached **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 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, adequate 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.

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	TO MEAS. DEPTH
				M.V. Men. P.L. Gallup Green Horn Graneros Dakota	5650' 5800 6133 7118' 8080' 8188' 8270'