

UNITED STATES SUBMIT
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 _____	
2. NAME OF OPERATOR Jerome P. McHugh			
3. ADDRESS OF OPERATOR P. O. Box 234, Farmington, NM 87401			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1450' FSL - 1850' FEL At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 4-21-78		16. DATE T.D. REACHED 4-24-78	
17. DATE COMPL. (Ready to prod.) 5-8-78		18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 6176' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 1310'	
21. PLUG, BACK T.D., MD & TVD 1264'		22. IF MULTIPLE COMPL., HOW MANY* Single - Gas	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-1310'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Pictured Cliffs 1180-1196		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, Gamma ray correlation, collar logs		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
5-1/2	14#	44'	7-7/8
2-7/8	6.5#	1279'	4-3/4
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) 1180-1184 1189-1196		32. ACID, SHOT, FRACURE, GEL, GEL-FOAM, ETC. DEPTH INTERVAL (MD) RECEIVED MAY 30 1978 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 5/24/78		HOURS TESTED 3 hrs	
CHOKE SIZE 5/8"		PROD'N. FOR TEST PERIOD →	
OIL—BBL.		GAS—MCF. 126 AOF	
WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS. 214 SI		CASING PRESSURE 214 SI	
CALCULATED 24-HOUR RATE →		OIL—BBL.	
GAS—MCF. 126 AOF		WATER—BBL.	
OIL GRAVITY-API (CORR.)		TEST WITNESSED BY	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
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 Thomas A. Dugan		TITLE Petroleum Engineer	
DATE 5-26-78			

*** (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 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 33.

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: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. For each additional interval to be separately produced, showing any additional data pertinent to each separate interval, the producer should submit a separate supplemental report, showing any additional data pertinent to each separate interval. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CONED 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.
	MEAS. DEPTH	TRUE VERT. DEPTH	
	868'		Fruitland
	1179'		Pictured Cliffs
			<u>Log Tops</u>