

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 U. Gregory Merrion & Robert L. Bayless							
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2150 FSL & 1850 FWL At top prod. interval reported below same At total depth same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 04-08-80		16. DATE T.D. REACHED 04-11-80		17. DATE COMPL. (Ready to prod.) 07-14-80		18. ELEVATIONS (DF, REB, RT, GR, ETC.) 6230' GL	
20. TOTAL DEPTH, MD & TVD 1405'		21. PLUG, BACK T.D., MD & TVD 1391.8'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Pic. Cliffs: 1353-60'							
26. TYPE ELECTRIC AND OTHER LOGS RUN IES Induction & Compensated Neutron Density, Gamma Ray Collar logs							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	23#	99'	9-3/4"	50 sacks 3% CACL ₂			
2-7/8"	6.5#	1405'	5"	150 sacks econofil 3-50			
				sacks neat w/10#/sx gilsonite			
29. LINDER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
1353-60: 14 holes w/2-1/8" glass jets				70% Foam frac with 10/20 sand, 107 bbls. 1% KCL water, 15,000# 10/20 sand, 86,000 SCF N ₂ .			
33.* PRODUCTION							
DATE FIRST PRODUCTION 7-18-80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flow				WELL STATUS (Producing or shut-in) shut-in	
DATE OF TEST 7-18-80	HOURS TESTED 24	CHOKE SIZE 1/4"	PROD'N. FOR TEST PERIOD	OIL—BBL. --	GAS—MCF. 80/day	WATER—BBL. spray	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE 46 PSIG	CALCULATED 24-HOUR RATE	OIL—BBL. --	GAS—MCF. 80	WATER—BBL. spray	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented				TEST WITNESSED BY John Anderson			
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		Engineer			

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

FARMINGTON DISTRICT

BY

10, 1980

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, 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.), formations of State interest, 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.)

27. SUMMARY OF POROUS ZONES:		28. GEOLOGIC MARKERS		29. WELL COMPLETION OR RECOMPLETION DATA	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH
Pic. Cliffs	1353	1360	Salt Water, Natural Gas	Surface 255' 900' 1345'	