

SIGNED DATE 1-6-64

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

35. LIST OF ATTACHMENTS

Thomas A. Dugan

| WELL COMPLETION OR RECOMPLETION REPORT AND LOG* | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| UNITED STATES SUBMIT IN DUPLICATES | | | | | | | | | |
| DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | | | | | | | | | |
| BUREAU OF LAND MANAGEMENT DESIGNATION AND SERIAL NO. | | | | | | | | | |
| NM-011808 | | | | | | | | | |
| 3. NAME OF OPERATOR Form Approved, Budget Bureau No. 42-R353-5. | | | | | | | | | |
| 4. TYPE OF WELL: WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> DRY <input type="checkbox"/> Other | | | | | | | | | |
| 5. GUTT AGREEMENT NAME | | | | | | | | | |
| 6. IF INDIA, ALLOTTEE OR TRIBE NAME | | | | | | | | | |
| 7. GUTT AGREEMENT NAME | | | | | | | | | |
| 8. TYPE OF COMPLETION: WELL <input type="checkbox"/> WORK <input type="checkbox"/> DEEP <input type="checkbox"/> PLUG <input type="checkbox"/> BACK <input type="checkbox"/> RESVR. <input type="checkbox"/> Other | | | | | | | | | |
| 9. WELL NO. | | | | | | | | | |
| 10. FLOOR AND POOL, OR WILDCAT | | | | | | | | | |
| 11. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) | | | | | | | | | |
| At surface 835. north of South Line; 1110, east of West Line SEC. 15, T27N-R9W, NPM | | | | | | | | | |
| At top prod. meter rate reported below | | | | | | | | | |
| 12. COUNT ON DATE ISSUED DIS 3 | | | | | | | | | |
| 13. STATE N. Mex. | | | | | | | | | |
| 14. PERMIT NO. | | | | | | | | | |
| 15. DATE SPILLED 16. DATE TD. REACHED 17. DATE CDRPT. (Ready to prod.) 18. ELEVATIONS (DE, RRS, RT, GR, ETC.) 19. ELE, CASINGHEAD 20. TOTAL DEPTH, MD & TD 21. PLATE, BACK TD, MD & TD 22. IF MULTIPLE CDRPT. 23. INTERVALS ROTARY TOOLS CHARGE TOOLS 24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TD)* 25. WAS DIRECTIONAL SERVY MARD 26. TYPE ELECTRIC AND OTHER LOGS RD 27. WAS WELL COBBED 28. Induction-Electrical; Gamma-Ray 29. LINER RECORD 30. TUBING RECORD 31. PERRONATION RECORD (Interval, size and number) 32. ADDITION RECORD 33. PRODUCTION RECORD (Flowing, gas lift, pumping-size and type of pump) 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. | | | | | | | | | |

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

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; FOROSITY 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

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. |
|---------------------------|--------------|--------------|-----------------------------|
| | | | |
| Pictured Cliffs Dakota | 2217 6606 | 2266 6875 | Gas Gas |

38. GEOLOGIC MARKERS

| NAME | TOP | TRU VERT. DEPTH |
|-----------------|-------------|-----------------|
| | MEAS. DEPTH | |
| Pictured Cliffs | 2217 | |
| Lewis Shale | 2266 | |
| Mesaverde | 3778 | |
| Point Lookout | 4514 | |
| Blancaos | 4705 | |
| Nobrara | 5695 | |
| Juana Lopez | 6155 | |
| Greenhorn | 6503 | |
| Dakota | 6606 | |
| Morrison | 6875 | |

No Drillstem Tests

Distribution:
USGS, Farmington (4 copies with 1 copy of Ind.-Elec. Log)
N. Mex. OG Commission, Aztec (2 copies with 1 copy of Log)
Skelly, Albuquerque