

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						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 98401						8. FARM OR LEASE NAME Hancock	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1830' S, 830' E At top prod. interval reported below At total depth						9. WELL NO. 10	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPEUDED 7-13-71						16. DATE T.D. REACHED 7-15-71	
17. DATE COMPL. (Ready to prod.) 8-11-71						18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6366' GL	
19. ELEV. CASINGHEAD						20. TOTAL DEPTH, MD & TVD 2618'	
21. PLUG, BACK T.D., MD & TVD 2607'						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY						ROTARY TOOLS 0-2618	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2516-2550 (PC)						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DML, Density, 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	
8 5/8"		24.7		142		12 1/4"	
2 7/8"		6.45		2518'		6 3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
Tubingless completion							
31. PERFORATION RECORD (Interval, size and number)							
2516-28, 2538-50' w/30 SPZ							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
2516-2550				30,000# 8880, 25250 Gallon Water			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut in	
DATE OF TEST 8-11-71		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE SI 666		CALCULATED 24-HOUR RATE		OIL—BBL. 2045 BBL/D-APF	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		OIL—BBL.		GAS—MCF.		WATER—BBL.	
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 Original Signed F. H. WOOD		TITLE Petroleum Engineer				DATE SEP 21 1971	

*(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 32, 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 regulations. All attachments should be listed on this form, see Item 32.

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 16: 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 32, and in Item 24 show the preceding 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.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

U.S. GOVERNMENT PRINTING OFFICE : 1963 - O 693906