Form 9-330
(Rev. 5-63)

# UNITED STATES
# 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: Supron Energy Corporation

3. ADDRESS OF OPERATOR: P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 790 Ft./North; 1800 Ft./East line
At top prod. interval reported below: Same as above
At total depth: Same as above

5. LEASE DESIGNATION AND SERIAL NO.: SF 047017 B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Angel Peak "B"
9. WELL NO.: 30
10. FIELD AND POOL, OR WILDCAT: Bloomfield Chacra Extension
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 13, T-28N, R-11W N.M.P.M.
12. COUNTY OR PARISH: San Juan
13. STATE: New Mexico
14. PERMIT NO.:
DATE ISSUED:

| 15. DATE SPUDDED | 16. DATE T.D. REACHED | 17. DATE COMPL. (*Ready to prod.*) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD |
|---|---|---|---|---|
| 11/13/80 | 11/17/80 | 12/22/80 | 5793 R.K.B. | 5780 |

| 20. TOTAL DEPTH, MD & TVD | 21. PLUG, BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY | ROTARY TOOLS | CABLE TOOLS |
|---|---|---|---|---|---|
| 3070 MD & TVD | 3024 MD & TVD | - - - | → | 0 - 3070 | - - - |

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 2860 - 2980 Chacra (MD & TVD)

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Induction Electric and Compensated Density

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---|---|---|---|---|---|
| 7-5/8" | 26.40 | 262 | 12-1/4" | 250 Sacks | |
| 2-7/8" EUE | 6.50 | 3056 | 6-3/4" | 530 Sacks | |
| | | | | | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|---|---|---|---|---|
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|---|---|---|
| NO TUBING | | |

31. PERFORATION RECORD (*Interval, size and number*)
1 - 0.42" hole at each of the following depths: 2860, 62, 64, 66, 68, 2960, 62, 64, 66, 73, 75, 78, 80. (Total of 13 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| 2860 - 2980 | 1000 gal. 7-1/2% HCL, 70,000 lb. 20-40 sand, & 50,000 gal. of 70-30 foam. |

33.* PRODUCTION

| DATE FIRST PRODUCTION | PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*) | WELL STATUS (*Producing or shut-in*) |
|---|---|---|
| | Flowing | Shut-In |

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD → | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---|---|---|---|---|---|---|---|
| 12/22/80 | 3 | 3/4" | | | 94 | | |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE → | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---|---|---|---|---|---|---|
| - - - | 51 | | | 750 | | |

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Vented

TEST WITNESSED BY: Clifton Gates

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 Kenneth E. Roddy (Kenneth E. Roddy) TITLE Production Superintendent DATE December 23, 1980

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

# 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.

**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

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. |
|---|---|---|---|

38. GEOLOGIC MARKERS

| NAME | TOP | |
|---|---|---|
| | MEAS. DEPTH | TRUE VERT. DEPTH |
| Ojo Alamo (Base) | 860 | |
| Fruitland | 1550 | |
| Pictured Cliffs | 1875 | |
| Chacra | 2845 | |

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

GPO 680-378