

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 _____				5. LEASE DESIGNATION AND SERIAL NO. SF 000844	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Pioneer Production Corp.				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico				8. FARM OR LEASE NAME Rhodes	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' from north line, 1700' from east line At top prod. interval reported below Sec. 20, T28N, R11W, S14E At total depth Same as above				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Barrio Dakota	
15. DATE SPUNDED 11-15-65				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 20, T28N, R11W	
16. DATE T.D. REACHED _____				12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) _____				13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 9688 ON 9700 RKB				19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 22mm 6300'		21. PLUG, BACK T.D., MD & TVD 6267		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY 0 - 6300				24. ROTARY TOOLS _____ CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6104 - 6234 Dakota				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electrical				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
8 5/8"	24	213'	12 1/4"	135 sx	
6 1/2"	10.5	6299	7 7/8"	250 sx	
RECEIVED					
29. LINER RECORD				30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	PACKER SET (MD)
				2 3/8"	6105
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
JAN 15 1966 OIL CO. CON. DIST. 3				DEPTH INTERVAL (MD)	
				AMOUNT AND KIND OF MATERIAL USED	
				6104-6234 SWP	
See study notice for detailed frad information					
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST 12-21-65		HOURS TESTED 3 Hrs.	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. 6005 AGF	GAS—MCF. 6005 AGF
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented during test		TEST WITNESSED BY Floyd Simpson			
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 by T. A. Dugan		TITLE Consulting Engineer		DATE 12/30/65	

*(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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Log Top Platford Cliffs Leds Cliff House Mearns Point Lechford Hanson Gallup Greenhorn Greenhorn Sh. Greenhorn Sd. Dakota	1638 1775 2128 2282 4030 4340 5226 6053 6072 6103 6175	