UNITED STATES BEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE®
(See other instructions on reverse side)

Budget Bureau No. 42-R655.

tions on 5. LEANE DESIGNATION AND SERVAL NO.

SF-078828-A

WELL COMPLETION OR RECOMPLETION REPORT AND LOG* In TYPE OF WELL: WELL WELL	Sec. 27-T28N-R12W COUNTY OR 13. STATE PARISH D Juan New Mexical Sec.) 19. ELEV. CASINGHEAD OT. D. 25. WAS DIRECTIONAL SURVEY MADE NO 27. WAS WELL CORED Yes AMOUNT PULLED CACC12
IA. TYPE OF WELL: DIL GAS WELL Other Other Other Gal New Well Other Other Gal S. F	Legos Canyon Unit-P.O ARM OR LEASE NAME VELL NO. 1 FIELD AND POOL, OR WILDCAT CZ, Pictured Cliffs We SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-T28N-R12W COUNTY OR 13. STATE PARISH A Juan New Mexical ETC.)* 19. ELEV. CASINGHEAD ETC.)* 19. ELEV. CASINGHEAD O-T.D. 25. WAS DIRECTIONAL SURVEY MADE NO 27. WAS WELL CORED Yes D AMOUNT PULLED -O-
SATION OF A THE ELECTRIC AND OTHER LOGS RUN INTERIOR OF COMPLETION: WELL (X) OVER DEEP BACK BESVE. Other BENERY RESERVES Group, Inc. And of operator BOX 3280, Casper, WY 82602 LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1401' FSL & 2500' FEL (SW NW SE) At total depth Same 14. PERMIT NO. DATE ISSUED At total depth Same 15. DATE SPUDDED 16. DATE 1D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, REB. RT, CE, 12-11-77 12-20-76 3-4-77 KB 5774' (KB to GF) 16. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., 23. INTERVALS DETECTION IN COMPL., 1620' 16. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 12. IF MULTIPLE COMPL., 23. INTERVALS DETECTION IN COMPL., 1620' 16. TYPE ELECTRIC AND OTHER LOGS RUN Induction-Electrical; Comp. Neutron-Form Density; BHC Sonic CASING RECORD (Report all strings set in well) 1. CASING RECORD (Report all strings set in well) LINER RECORD 133' 12-1/4'' 65 sks Reg W/3'/4-1/2'' 10.5# 133' 12-1/4'' 65 sks Reg W/3'/4-1/2'' 10.5# 1622' 7-7/8'' 180 sks Reg.	Legos Canyon Unit-P.O ARM OR LEASE NAME VELL NO. 1 FIELD AND POOL, OR WILDCAT CZ, Pictured Cliffs We SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-T28N-R12W COUNTY OR 13. STATE PARISH A Juan New Mexical ETC.)* 19. ELEV. CASINGHEAD ETC.)* 19. ELEV. CASINGHEAD O-T.D. 25. WAS DIRECTIONAL SURVEY MADE NO 27. WAS WELL CORED Yes D AMOUNT PULLED -O-
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Energy Reserves Group, Inc. 3. Andress of Operator Box 3280, Casper, WY 82602 4. Location of well (Report location clearly and in accordance with any State requirements)* At surface 1401' FSL & 2500' FEL (SW NW SE) At top prod. interval reported below Same At total depth Same 14. Permit No. Date Issued 12. Sam At total depth Same 14. Permit No. Date Issued 12. Sam 12-11-77 12-20-76 3-4-77 KB 5774' (KB to GF) Total depth, MD a Tyd 21. Plug, BAGK T.D., MD a Tyd 22. If MULTIPLE COMPL., 1623' 1620' No DRILLED BY HOW MANY' NO DRILLED BY 1623' 1620' A. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TYD)* T - 1514'; B - 1557' Pictured Cliffs 5. TYPE ELECTRIC AND OTHER LOGS RUN Incluction—Electrical; Comp. Neutron—Form Density; BHC Sonic S. Casing Record (Report all strings set in well) Casing Record (Report all strings set in well) Casing Record (Report all strings set in well) 8-5/8'' 32# 133' 12-1/4'' 65 sks Reg W/37 4-1/2'' 10.5# 1622' 7-7/8'' 180 sks Reg. LINER RECORD 8-5/8'' 30. TUBIN BUZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE DEPTH	FIELD AND POOL, OR WILDCAT Z, Pictured Cliffs We SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-T28N-R12W COUNTY OR 13. STATE PARISH D Juan New Mexic ETC.)* 19. ELEV. CASINGHEAD D 9') CARY TOOLS CABLE TOOLS O-T.D. 25. WAS DIRECTIONAL SURVEY MADE NO 27. WAS WELL CORED YES AMOUNT PULLED -O-
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2-3/8" 15	SET (MD) PACKER SET (MD)
	567'
. PERFORATION RECORD (Interval, size and number) 82. ACID, SHOT, FRACTURE,	CEMENT SQUEEZE, ETC.
L514'-18'; 1521'-25'; 1531'-39'; DEPTH INTERVAL (MD) AMOUNT	AND KIND OF MATERIAL USED
-52, -5, -55, -5 ₁ ,) gals foam w/24,000#
10/20 sa	
10/20 38	
Production Production	
ATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or
	shut-in)
ATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR OIL—BBL. GAS—MCF. WA	TER-BBL GAS-OR BATIO
TEST PERIOD	
OW. TURING PRESS. CASING PRESSURE CALCULATED OIL—BBL. GAS—MCF. WATER—BBL.	OIL GRAVITY-API (COR.)
24-HOUR RATE	The state of the s
I. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	T WITNESSED, BY C. 1077
The state of the s	ALMAKE SUBILITY
5. LIST OF ATTACHMENTS	1
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	OIL CON. COM
Portion of Geological Report - Core Analysis - Logs sent previously	DIST. 3
	DIST. 3

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

Hem 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.

Hems 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, Hem 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.

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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. Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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SES CO OF PRESCRIPT

Core #1 - 1462'- 1490' #2 - 1490'- 1550' #3 - 1550'- 1601' See Attached Core Analysis
Nacimiento Ojo Alamo

UNITED STATES

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