

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM 010063	
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 P O Box 208, Farmington, NM 87401				8. FARM OR LEASE NAME Lucerne B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 830' FSL - 850' FWL At top prod. interval reported below At total depth				9. WELL NO. #1E	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. DATE SPUDDED 10-19-80 16. DATE T.D. REACHED 10-28-80 17. DATE COMPL. (Ready to prod.) 12-22-80 18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 5624' GL 19. ELEV. CASINGHEAD				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 17 T28N R11W	
20. TOTAL DEPTH, MD & TVD 6334'		21. PLUG, BACK T.D., MD & TVD 6239'		22. IF MULTIPLE COMPL., HOW MANY* single	
23. INTERVALS DRILLED BY TD				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6031-6200 Dakota	
25. TYPE ELECTRIC AND OTHER LOGS RUN DIL, FDL, CNL, GR-CBC-CCL logs				26. WAS DIRECTIONAL SURVEY MADE NO	
27. WAS WELL BORED NO				28. WAS WELL CEMENTED NO	
29. CASING RECORD (Report all strings set in well)					
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8-5/8"		24#		579' RKB	
4-1/2"		11.6#		6348' RKB	
30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
None					
31. PERFORATION RECORD (Interval, size and number) 6031, 35, 53, 55 6106, 09, 15, 18, 23, 26, 29, 38, 40, 59, 61 6200					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED See Sundry Notice of 1-2-81 for details.					
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing			WELL STATUS (Producing or shut-in) SI
DATE OF TEST 2-6-81		HOURS TESTED 8 hrs		CHOKE SIZE 3/4"	
FLOW. TUBING PRESS. 840 SI		CASING PRESSURE 840 SI		CALCULATED 24-HOUR RATE 886 CAOF	
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.

SIGNED

Thomas A. Dugan

TITLE

Agent

DATE

MAR 17 1981
3-12-81

FARMINGTON DISTRICT

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

BY

RB

NM0001

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	NAME	MEAN. DEPTH	TRUE VERT. DEPTH
			Ojo Alamo	405' est.	
			Kirtland	530' est.	
			Fruitland	761'	
			Pictured Cliffs	1553'	
			Lewis	1710'	
			Cliff House	3095'	
			Menefee	3222'	
			Point Lookout	3900'	
			Mancos	4247'	
			Gallup	5160'	
			Greenhorn	5936'	
			Graneros	5993'	
			Dakota	6029'	