

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. SF 070416	
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 El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		8. FARM OR LEASE NAME Herdie A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 30° 3, 1350' W At top prod. interval reported below At total depth		9. WELL NO. 1 (ONO)	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 26, T-29-N, R-8-W N.M.P.M.	
15. DATE SPUDDED W/O 7-7-69		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED W/O 7-13-69		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) W/O 8-6-69		18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 618' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5552'	
21. PLUG, BACK T.D., MD & TVD 5517'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-5552	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4670-5460 (DW)		CABLE TOOLS	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN ES, ML, (RI, W/O Ind., FDC-GR, Temperature Survey)	
27. WAS WELL CORRED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 4670-68, 4672-4704, 4748-64 w/15 SPZ 5252-68, 5280-92, 5310-14, 5324-36, 5400-04, 5460-64 w/15 SPZ		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 4670-4764 32,340 gallon water, 32,000' cement 5252-5464 70,770 gal. water, 70,000' cement	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION		TEST WITNESSED BY R. J. Hendrick	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		35. LIST OF ATTACHMENTS	
WELL STATUS (Producing or shut-in) Shut-in		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE OF TEST 8-5-69		SIGNED Original Signed F. H. WOOD	
HOURS TESTED 3		TITLE Petroleum Engineer	
CHOKE SIZE 3/4"		DATE August 12, 1969	
PROD'N. FOR TEST PERIOD →			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
GAS—OIL RATIO			
FLOW, TUBING PRESS.			
CASING PRESSURE SI 822			
CALCULATED 24-HOUR RATE →			
OIL—BBL.			
GAS—MCF. 7904 MCF/D 4.1			
WATER—BBL.			
OIL GRAVITY-API (CORR.)			

*(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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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 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 and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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. Cor or Federal office for specific instructions.

Item 10: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any other 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 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, adequate 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 **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	TOI MEAS. DEPTH
				Pictured Cliffs Cliff House Hendee Point Lookout	3025 4622 4756 5845