

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.b.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hughes A

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs Ext.

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 33-T-29-N, R-8-W

NAPM

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

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

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1508'N-2207'W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-6-73

16. DATE T.D. REACHED

2-10-73

17. DATE COMPL. (Ready to prod.)

5-25-73

18. ELEVATIONS (DF, REB. RT, GR, ETC.)*

6322' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

2898'

21. PLUG, BACK T.D., MD & TVD

2838'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

C-2898'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

2860-2880' (Pictured Cliffs)

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

Comp. Density; IE; Temp Survey

27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
8 5/8"	24 #	453'	12 1/4"	354 cu. ft.
2 7/8"	6.4 #	2898'	7 7/8-8 3/4"	463 cu. ft.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
						tubingless	

31. PERFORATION RECORD (Interval, size and number)

2860-2880' with 30 shots per zone.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2860-2880'	24000 # sand; 24000 gal. water

33.* PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

flowing

WELL STATUS (Producing or
shut-in)

shut-in

DATE OF TEST

5-25-73

HOURS TESTED

3

CHOKE SIZE

3/4"

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

FLOW. TUBING PRESS.

tubingless

CASING PRESSURE

SI 993

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

641 MCF/D AOF

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

TEST WITNESSED BY

T. D. Norton

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

TITLE

DATE

*(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 PORE'S 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.	GEOLOGIC MARKERS	
				NAME	TOP
				Pictured Cliffs	MEAS. DEPTH 2856 TRUE VERT. DEPTH