

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R3555.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10010	
1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
2. NAME OF OPERATOR Walter Duncan		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 137, Durango, Colorado		8. FARM OR LEASE NAME North Hogback 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' S/N, 990' W/E At top prod. interval reported below Sec. 12, T29N-R17W At total depth		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL OR WILDCAT Dakota - undesignated	
15. DATE SPUDDED 4-14-67		11. SEC. T., R., M. OR BLOCK AND SURVEY OR AREA 12-29N-17W	
16. DATE T.D. REACHED 4-28-67		12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 4-29-67		13. STATE New Mexico	
18. ELEVATIONS (DF, RES, RT, OR, ETC.)* 5041' ground level		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 723'		21. PLUG, BACK T.D., MD & TVD --	
22. IF MULTIPLE COMPL. HOW MANY* --		23. INTERVALS DRILLED BY 24' to TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dakota - 718 - 723		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Crane log		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"		24'	
4 1/2"		706'	6 1/4"
			driven
			50 sx Class A + 2%
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	MARKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	690 Gr.		
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.*			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION			
DATE FIRST PRODUCTION 4-30-67	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 5-1-67	HOURS TESTED 24	CHOKED SIZE --	PROD'N. FOR TEST PERIOD --
FLOW. TUBING PRESS. --	CASING PRESSURE --	CALCULATED 24-HOUR RATE --	OIL—BSL. 10
		OIL—BSL. 10	GAS—MCF. --
		WATER—BSL. --	OIL GRAVITY-API (CORR.) --
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) --			
35. LIST OF ATTACHMENTS Log			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED Raymond T. Duncan		DATE May 9, 1967	

* (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 report 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 AND EXPLAIN THE ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS;
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, BLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

*** FOR**

* (See instructions on back for details) *				
XXXX XXXX XXXX				
1. REPORT STATEMENT (This report should be completed in duplicate and one copy of each copy should be forwarded to the Bureau of Reclamation, Washington, D.C., and the other copy to the State Engineer, State of North Dakota.)				
2. NAME OF LANDOWNER				
3. LOCATION OF SITE (Town, Range, Section, etc.)				
4. TYPE OF WELL		5. TYPE OF PUMP		6. TO
ARTESIAN	CYCLING	34-HOUR CYCLING	ON - OFF	TO
-1-01	ST	--	--	TO
7. DEPTH OF WELL		8. TYPE OF PUMP		9. ON - OFF
10-20-01		CYCLING		ON - OFF
10. PRODUCTION METHOD (If pumping, give rate of flow)				
11. PRODUCTION				
12. PRODUCTION RECORD (Initials, date and amount)				
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Job separation sheet

