

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	
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☒	DIFF. RESVR. ☐
2. NAME OF OPERATOR El Paso Natural Gas Company						
3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 16 10' N, 1450' E At top prod. interval reported below At total depth						
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH		
		MAR 10 1982		San Juan		
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to produce)		
8-5-60		8/24/60		3-8-82		
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		
7489'		2651'				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		13. STATE		
2486-2648' Fruitland		No		New Mexico		
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL		27. WAS WELL CORED		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		
		No		6128' GL 6131' DF		
28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD		
Casing Size		Weight, lb./ft.		Depth Set (MD)		
10 3/4"		32.75#		210'		
7 5/8"		26.4		2826'		
5 1/2"		17#		7482'		
Hole Size		Cementing Record		Amount Pulled		
15"		200 sk circulated				
9 7/8"		100 sk plus 2% Gel				
6 3/4"		250 sk 50/50 posmix 4% Gel + 12 1/2% Gilsomite/sk				
50 sk latex cement						
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION		
2486, 2492, 2498, 2504, 2560, 2580, 2625, 2631, 2636, 2643, 2648' W/1 SPZ.		Depth Interval (MD)		Amount and Kind of Material Used		
		2486-2648'		58,000# sd, 63,000 gal. wtr.		
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)		
3-8-82		Flowing		Shut-In		
DATE OF TEST		HOURS TESTED		CHOKE SIZE		
3-8-82						
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		
SI 858		SI 858				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY		35. LIST OF ATTACHMENTS		
To Be Sold		Carl Rhames				
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED		TITLE		
		D. P. Duico		Drilling Clerk		
		DATE		March 12, 1982		

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

NMOCC

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	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Pic. Cliffs	2700'	
				Cliff House	4497'	
				Menefee	4582'	
				Point Lookout	5050'	
				Mancos	5153'	
				Gallup	6160'	
				Graneros	7109'	
				Dakota	7249'	
				Morrison	7469'	