

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. ☐ Other _____	
2. NAME OF OPERATOR El Paso Natural Gas Company			
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 825' N, 1700' E At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED W/O 5-23-67		16. DATE T.D. REACHED W/O 6-28-67	
17. DATE COMPL. (Ready to prod.) W/O 6-28-67		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5938' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5210'	
21. PLUG, BACK T.D., MD & TVD 5210'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4532' - 5210' (M.V.)	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN IES, ML, CR, Casing Inspection, Temperature Survey	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.	
9 5/8"		25.4	
7"		20 & 23	
DEPTH SET (MD)		HOLE SIZE	
174'		13 3/4"	
4532'		8 3/4"	
CEMENTING RECORD		AMOUNT PULLED	
125 sks.		125 sks.	
500 sks.		500 sks.	
29. LINER RECORD		30. TUBING RECORD	
SIZE		TOP (MD)	
2 3/8"		5142'	
BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE	
DEPTH SET (MD)		HACKER, SET (MD)	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Open Hole		DEPTH INTERVAL (MD)	
4532-4735'		AMOUNT AND KIND OF MATERIAL USED	
4935-5210'		14,400 gal. oil, 12,800# sand	
		12,500 gal. oil, 9,800# sand	
33.* PRODUCTION		WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		Shut-in	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		Flowing	
DATE OF TEST		HOURS TESTED	
6-28-67		3	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
3/4"		→	
OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	
SI 845		SI 847	
CALCULATED 24-HOUR RATE		OIL—BBL.	
→		GAS—MCF.	
5181 MCF/D		WATER—BBL.	
OIL GRAVITY-API (CORR.)		TEST WITNESSED BY	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		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	
Original signed by		SIGNED	
Carl E. Matthews		TITLE	
Petroleum Engineer		DATE	
7-14-67			

*(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 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	MEAS. DEPTH	TOP TRUE VERT. DEPTH
				Ojo Alamo	2095	
				Kirtland	2107	
				Fruitland	2305	
				Pictured Cliffs	2760	
				Lewis	2850	
				Cliff House	4580	
				Menefee	4663	
				Point Lookout	5043	
				Mancos	5206	