

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078507

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 32-9 Unit

8. FARM OR LEASE NAME

San Juan 32-9 Unit

9. WELL NO.

3A

10. FIELD AND POOL, OR WILDCAT

Blanco MV

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREASec. 1, T-31-N, R-10-W
NMPM12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

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 CO.

3. ADDRESS OF OPERATOR

BOX 289, FARMINGTON, NEW MEXICO

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

At surface 1815'S, 1450'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

8/12/78

8/22/78

9/20/78

6572' GL

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

6055

6012

0-6055

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

5185-6025 (MV)

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Ind.-GR; CDL-GR; Dual Ind. Laterlog; Cement Bond; Temp. Survey

27. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.3#	226'	13 3/4"	224 cf.	
7"	20#	3720'	8 3/4"	442 cf.	
4 1/2"	10.5#	6055'	6 1/4"	70 cf.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	5991'	

31. PERFORATION RECORD (Interval, size and number) 5185, 5253,

5262, 5276, 5287, 5299, 5306, 5513, 5320, 5325, 5399,

5405, 5425, 5536, 5546, 5589 w/1SPZ. 5647, 5663,

5686, 5692, 5698, 5704, 5710, 5730, 5736, 5747, 5753,

5759, 5765, 5771, 5790, 5802, 5865 w/1 SPZ. 5933,

5937, 5960, 5963, 5967, 5971, 5975, 5979, 5993, 5997,

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5185-5589	68,000# 20/40sand; 136,000 gal.wtr
5647-5865	62,000# 20/40sand; 134,000 gal.wtr
5933-6025	55,000# 20/40sand; 68,300 gal. gelled condensate

33.* 5999, 6021, 6023, 6025 w/1SPZ.

PRODUCTION

DATE FIRST PRODUCTION

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

After Frac Gauge - 2779 MCF/D

WELL STATUS (Producing or shut-in)

SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—BBL.	WATER—BBL.	GAS-OIL RATIO
9/20/78							
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—BBL.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 622	SI 696						

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

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

A. G. Busco

TITLE

Drilling Clerk

DATE

10/30/78

*(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.

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. 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.									
			<table border="1"> <thead> <tr> <th>NAME</th> <th>MEAS. DEPTH</th> <th>TRUE VERT. DEPTH</th> </tr> </thead> <tbody> <tr> <td>MV</td> <td>4945</td> <td></td> </tr> <tr> <td>PL</td> <td>5672</td> <td></td> </tr> </tbody> </table>	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	MV	4945		PL	5672	
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