

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____						5. LEASE DESIGNATION AND SERIAL NO. NM 33052	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Northwest Exploration Company						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 90, Farmington, New Mexico 87401						8. FARM OR LEASE NAME Middle Mesa	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1520' FSL & 1640' FEL At top prod. interval reported below Same At total depth Same						9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT South Los Pinos Fruitland-PC	
15. DATE SPUDDED 6-30-78						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 33 T32N R7W	
16. DATE T.D. REACHED 7-5-78						12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 8-28-78						13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6687' GR						19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3785'		21. PLUG, BACK T.D., MD & TVD 3742'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY A11	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3468' to 3661'; Pictured Cliffs						25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES & GR-Density						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24		136'		12-1/4"	
4-1/2"		10.5		3782'		6-3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
1-1/2"		3425'		none			
31. PERFORATION RECORD (Interval, size and number)							
3468		3494		3576		3624	
3471		3504		3582		3628	
3474		3508		3592		3632	
3490		3569		3606		3645	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
3468' to 3661'				Spot 500 gal 7-1/2% HCl. Pumped			
18 holes				1000 gal 7-1/2% HCl & dropped 35			
				ball slrs. Fraced w/ 10,000 gal			
				pad & 100,000# 10/20 sd in slick			
				wtr. Total fluid = 70,560 gal.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
N/A		Flowing				Shut-in	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
8-28-78		3		0.750"		OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____	
440 psig		1250 psig		_____		OIL GRAVITY-API (CORR.) _____	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on pipeline connection							
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 <u>Barbara C. Rex</u>		TITLE <u>Production Clerk</u>				DATE <u>August 29, 1978</u>	

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

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 furnished by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below for more details. If not filed prior to the time this summary record is submitted, copies of production 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:				38. GEOLOGIC MARKERS			
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.	NAME	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
Pictured Cliffs			Ss. lt gry, fn to med gr s & p, ws & r, sl calc.	Pictured Cliffs	3462'	same	