

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions 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 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 950'N, 1780'W 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.)	
12/2/78		12/11/78		1/8/79	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
5488'		5472'		6014 GL	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		23. INTERVALS DRILLED BY	
4307-5422 (MV)		San Juan		6014 GL	
		New Mexico		10-5488'	
25. WAS DIRECTIONAL SURVEY MADE		12. COUNTY OR PARISH		13. STATE	
No		San Juan		New Mexico	
26. TYPE ELECTRIC AND OTHER LOGS RUN		19. ELEV. CASINGHEAD		27. WAS WELL CORED	
CDL-GR; IND-GR; Cement Bond Log; Temp. Survey				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"	36#	223'	13 3/4"	224 cf.	
7"	20#	3320'	8 3/4"	468 cf.	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
4 1/2"	3139'	5488'	426 cf.		
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 3/8"	5401'				
31. PERFORATION RECORD (Interval, size and number) 4307, 4343, 4404, 4428, 4457, 4528, 4534, 4547, 4549, 4562, 4594, 4606, 4613, 4627, 4634, 4641, 4647, 4654 w/1SPZ. 4725, 4732, 4785, 4792, 4828, 4863, 4870, 4892, 4898, 4967, 4973w/1SPZ. 5043, 5050, 5065, 5071, 5077, 5083, 5089, 5094, 5105, 5111, 5117, 5155, 5177, 5186,					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
4307-4654			62,100#20/40sand;124,000 gal.water		
4725-4973			38,000#20/40sand;76,000 gal.water		
5043-5422			82,000#20/40sand;164,000 gal.water		
33. * 5194, 5222, 5230, 5268, 5308, 5361, 5398, PRODUCTION 5422 w/1 SPZ.					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping, size and type of pump)		WELL STATUS (Producing or shut-in)	
		After Frac Gauge - 4212 MCF/D		SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
1/8/79					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
SI 716	SI 716				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY		
			J. H. Stinson		
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>D. G. Bruce</u>		TITLE <u>Drilling Clerk</u>		DATE <u>1/30/79</u>	

*(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	MEAS. DEPTH	TRUE VERT. DEPTH
				MV	4300	
				PL	5028	