

**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 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 890'S, 950'E

At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 3-19-80 16. DATE T.D. REACHED 3-24-80 17. DATE COMPL. (Ready to prod.) 5-11-81

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5966' GL

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4630-5211' (MV)

26. TYPE ELECTRIC AND OTHER LOGS RUN
IL-GR; CDL-GR; Temp. Survey

23. 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#	222'	13 3/4"	224 cf.	
7"	20#	2895'	8 3/4"	456 cf.	

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2"	2731	5324'	446 cf.		2 3/8"	5203'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL (MD)	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4972-5000, 5019, 5033, 5040, 5062, 5074,		4972-5211'	15,120# sd, 38,120 Gal. Wtr.
5137, 5184, 5211' 4630, 4653, 4669, 4676,		4630-4930'	70,000# sd, 104,750 gal. wtr.

33.* 4930' W/1 SPZ. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-In

DATE OF TEST 5-11-80 HOURS TESTED _____ CHOKER SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

FLOW. TUBING PRESS. 388 CASING PRESSURE SI 850 CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) After Frac Gauge 2264 MCF/D TEST WITNESSED BY Bobby Haire

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

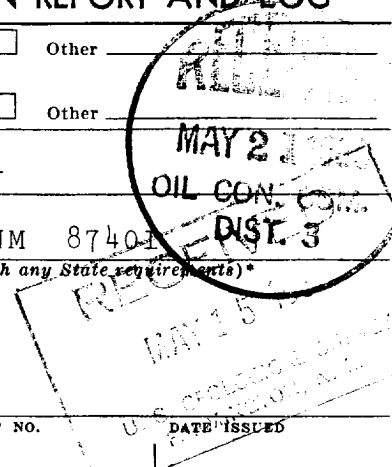
SIGNED A. B. Suico TITLE Drilling Clerk DATE MAY 19 1981 5-13-81

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

FARMINGTON DISTRICT

BY RB

NMOCC



5. LEASE DESIGNATION AND SERIAL NO. SF 078095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Case

9. WELL NO. 7A

10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 19, T-31-N, R-11-W NMPM

12. COUNTY OR PARISH San Juan

13. STATE New Mexico

19. ELEV. CASINGHEAD

25. WAS DIRECTIONAL SURVEY MADE No

27. WAS WELL CORED No

ACCEPTED FOR RECORD

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 DOWN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			NAME
			MEAS. DEPTH
			TRUE VERT. DEPTH
(Upper Zones Not Logged)			
			M.V. 4050'
			Men. 4274'
			P.L. 4795'