

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.

ND0-C-1420-1718

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

MOUNTAIN UTE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

UTE 12

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

VERDE GALLUP

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

12-31N-15W

12. COUNTY OR
PARISH

SAN JUAN

13. STATE

NEW MEXICO

a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. ELSVR. ☐ Other

2. NAME OF OPERATOR

ENERGETICS, INC.

3. ADDRESS OF OPERATOR

102 Inverness Terrace East, Englewood, Colorado 80112

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

At surface 640'/S, 1650'/W

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

03/05/79

16. DATE T.D. REACHED

04/08/79

17. DATE COMPL. (Ready to prod.)

04/14/79

18. ELEVATIONS (DF, BNB, RT, GE, ETC.)*

6035 GL

19. ELEV. CASINGHEAD

6036

20. TOTAL DEPTH, MD & TVD

2540

21. PLUG, BACK T.D., MD & TVD

2540

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

10-2260

CABLE TOOLS

2260-2540

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

2260-2540 GALLUP

25. WAS DIRECTIONAL
SURVEY MADE

YES

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES

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
8 5/8	24	94	12 1/4	70 sk class "B" & 3% CaCl ₂	NONE
5 1/2	14	2258	7 7/8	75 sk C/B & 1/4# Flocele /sk	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2.375	2528	

31. FILLIGATION RECORD (Interval, size and number)

2260-2540 OPEN HOLE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2260-2540	Frac w/ 5600 gal. crude oil carrying 4100# 10-20 sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
04/13/79		PUMPING				PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—BBL.	WATER—BBL.	GAS-OIL RATIO
06/13/79	24	NONE	→	1	TSTM		
FLOW, INFLING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	BBL.	OIL GRAVITY-API (CORR.)	
	40 psi	→	1	TSTM		40.4	
34. DESIGNATION OF GAS (Sold, used for fuel, vented, etc.)							
VENTED							

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

John Alexander

TITLE

AGENT

DATE

June 20, 1979

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

COPY TO ROBERT



INSTRUCTIONS

37. 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, as 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 16: Include 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: "Stacks 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 FORMER ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION LEND, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				GALLUP	2158	