

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42 R255.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.

M00-C-1420-1719

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

MOUNTAIN UTE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

UTE 13

9. WELL NO.

41

10. FIELD AND POOL, OR WILDCAT

VERDE GALLUP

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

13-31N-15W

12. COUNTY OR
PARISH

SAN JUAN

13. STATE

NEW MEXICO

1a. TYPE OF WELL:

OIL
WELL ☒GAS
WELL ☐DRT ☐Other ☐

b. TYPE OF COMPLETION:

NEW
WELL ☒WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DEEP.
RESVR. ☐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

660'N, 730'E

At top prod. interval reported below SAME

At total depth SAME

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

03/30/79

16. DATE T.D. REACHED

04/29/79

17. DATE COMPL. (Ready to prod.)

05/05/79

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

5706 GL

19. ELEV. CASINGHEAD

5707

20. TOTAL DEPTH, MD & TVD

2460

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

2460

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

ROTARY TOOLS

CABLE TOOLS

0-2120

2120-2460

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

2119-2460 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	92	12 1/4	70 sk C/B & 2% CaCl ₂	NONE
5 1/2	14	2119	7 7/8	75 sk C/B & 1/4# Floccle/sk	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
NONE					2 3/8	2302	

31. PERFORATION RECORD (Interval, size and number)

2119-2460 OPEN HOLE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2119-2460	5586 gal. crude oil frac w/ 4100# 10-20 sand

33. PRODUCTION

DATE FIRST PRODUCTION

05/04/79

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

PUMPING

WELL STATUS (Producing or
shut-in)

PRODUCING

DATE OF TEST

06/18/79

HOURS TESTED

24

CHOKE SIZE

NONE

FLOWN FOR
TEST PERIOD

1

OIL BRL.

1

GAS MCF.

0

WATER BRL.

0

GAS-OIL RATIO

40.4

FLOW, TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

TSTM

OIL BRL.

1

GAS MCF.

0

WATER BRL.

0

OIL GRAVITY-API (CORR.)

40.4

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

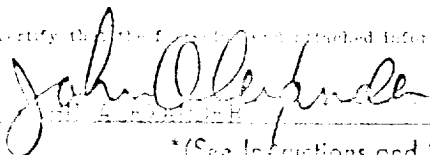
TEST WITNESSED BY

CLIFF BLASSINGAME

35. LIST OF ATTACHMENTS

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

BY



TITLE

AGENT

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

June 20, 1979

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

COPY TO ROSA

General: This form is designed for submitting a complete and correct well completion report for each, pursuant to applicable Federal and/or State laws and regulations. A well completion report is a report of specific instructions concerning the use of this form and the number of copies to be submitted, per regulatory well, to local, area, or regional procedures and/or to the Federal or State agency. See instructions of items 22 and 23, and 32, below regarding completion reports for separate completions. It is not required to the time this summary record is submitted.

From the pressure tests, and directional surveys, (drillers, geologists, sample and core analysis, all types electric, etc.), formations 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 offices for specific instructions.

Item 18: The date when evaluation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Item 29: "Safety Comment": Attached supplemental record(s) for each additional interval to such interval.

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.)

17. SUMMARY OF POROUS ZONES;
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF. CORREL. INTERVALS, AND ALL CORRELATIONS.

[illegible]

DESCRIPTION, CONTENTS, ETC.		NAME	MEAS. DEPTH	TOP SURF. DEPTH	TOP

[illegible]

Year	Value
2095	0.0000
2095	0.0000

[illegible]

U.S. GOVERNMENT PRINTING OFFICE : 1963-O-683636