

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 ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0607	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Atlantic C	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1460'N, 1690'E At top prod. interval reported below At total depth		9. WELL NO. 17	
10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 35, T-31-N, R-10-W N.M.P.M.	
12. COUNTY OR PARISH San Juan		13. STATE New Mexico	
14. PERMIT NO. (If applicable) U.S. GEOLOGICAL SURVEY FARMINGTON, N. M.		DATE ISSUED	
15. DATE SPUDDED 9-23-79	16. DATE T.D. REACHED 9-27-79	17. DATE FIRST PROD. (If applicable) 9-27-79	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6421' GL
19. ELEV. CASINGHEAD	20. TOTAL DEPTH, MD & TVD 3370'		
21. PLUG, BACK T.D., MD & TVD 3363'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3166-3306' (PC)
25. WAS DIRECTIONAL SURVEY MADE No			26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Ray Neutron Log; Temp. Survey
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#	137'	12 1/4"
4 1/2"	10.5#	3370'	7 7/8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1 1/4"	3298'		
31. PERFORATION RECORD (Interval, size and number) 3166, 3172, 3178, 3196, 3204, 3212, 3240, 3260, 3281, 3294, 3300, 3306' W/1 SPZ.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3166-3306'		82,000# sd, 98,884 gal. wtr.	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping, size and type of pump) After Frac Gauge 1535 MCF/D	
DATE OF TEST 1-21-80	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
SI 470	SI 470		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) FEB 5 '80			
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. D. Grisco</u>		TITLE <u>Drilling Clerk</u>	
DATE <u>January 28, 1980</u>			

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

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.

Information used 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.), formations, 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.

22: 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.
23: Indicate the elevation of the lowest point of the water body.
24: If this well is completed for separate production from more than one aquifer, indicate the aquifer(s) in the space(s) provided.

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	TOP TRUE VERT. DEPTH
				Pictured Cliffs	3148'	