

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. SF 078096	
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 Mudge	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1450'N, 1690'E At top prod. interval reported below At total depth		9. WELL NO. #52	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Aztec PC Ext.	
15. DATE SPUDDED 6-7-79		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 21, T-31-N, R-11-W N.M.P.M.	
16. DATE T.D. REACHED 6-11-79		12. COUNTY OR PARISH _____	
17. DATE COMPL. (Ready to prod.) 8-13-79		13. STATE _____	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5883' G.L.		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 2685'		21. PLUG BACK T.D., MD & TVD 2675'	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY → 0-2685'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2514-2632' (PC)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DBC/GRS; IES; 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#	146'	12 1/4"
2 7/8"	6.4#	2685'	6 3/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
Tubingless Completion		Tubingless Completion	
31. PERFORATION RECORD (Interval, size and number) 2514, 2520, 2526, 2553, 2560, 2566, 2575, 2580, 2593, 2607, 2612, 2632' W/1 SPZ.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2514-2632'		76,000#sd, 54,553 gal. water	
33.* 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 8-13-79	
HOURS TESTED 3		CHOKE SIZE 3/4	
PROD'N. FOR TEST PERIOD →		OIL—BBL. 658 AOF	
FLOW. TUBING PRESS. SI 756		GAS—MCF. →	
CALCULATED 24-HOUR RATE →		WATER—BBL. →	
OIL GRAVITY API (CORR.) →		GAS OIL RATIO →	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED Carl Rhames	
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>John D. Bradford</u>		TITLE <u>Drilling Clerk</u>	
DATE <u>8-15-79</u>			

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

V MOC

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 33.

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 19: 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:			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				P.C.	2508	