

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 _____			7. UNIT AGREEMENT NAME _____		
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____			8. FARM OR LEASE NAME _____		
2. NAME OF OPERATOR El Paso Natural Gas Company			Newberry		
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401			9. WELL NO. 4A		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 885°N, 1800°W			10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde		
At top prod. interval reported below			11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 9, T-31-N, R-12-W N.M.P.M.		
At total depth			12. COUNTY OR PARISH San Juan		
14. PERMIT NO. _____			13. STATE New Mexico		
DATE ISSUED _____					
15. DATE SPUDDED 1-27-80		16. DATE T.D. REACHED 2-4-80		17. DATE COMPL. (Ready to prod.) 2-25-80	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6139' GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 5420'		21. PLUG, BACK T.D., MD & TVD 5403'		22. IF MULTIPLE COMPL., HOW MANY* →	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-5420		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4748'-5281' (MV)				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CD1-GR; IL-GR; Temp. Survey				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
9 5/8"		36#		219'	
7"		20#		3033'	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
4 1/2"		2845'		5420'	
				434 cf.	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		5270'			
31. PERFORATION RECORD (Interval, size and number) 4748, 4756, 763, 4770, 4896, 4904, 4917, 4926, 4932, 4938, 4944, 950, 4962, 4967, 4972, 4988, 4994, 5000, 5007, 5033, 072, 5087, 5103, 5121, 5132, 5141, 5148, 5169, 5247, 267, 5281'					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
4748-5281'		99,520# sd, 196,710 gal. wtr.			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) After Frac Gauge 2264 MCF/D			
DATE OF TEST 2-25-80		HOURS TESTED		CHOKE SIZE	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →	
SI 538		SI 777			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
TEST WITNESSED BY C. Rhames					
35. LIST OF ATTACHMENTS					

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

FARMINGTON DISTRICT
BY ML Kuchera

NMOCC

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: "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 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	TRUE VERT. DEPTH
				Mesa Verde	4116'	
				Point Lookout	4888'	