

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1

ICATE*

except other in-
structions on
reverse side)Form approved
Budget Bureau No. 42 10655.

6. FRANK DESIGNATION AND SERIAL NO.

NM 24907

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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

2. TYPE OF COMPLETION:

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

2. NAME OF OPERATOR

OKLAHOMA OIL CO.

3. ADDRESS OF OPERATOR

1120 One Energy Square, Dallas, Texas 75206

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

At surface 800'/S & 1570'/E

At top prod. interval reported below same

At total depth same

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH

San Juan

13. STATE

NM

15. DATE SPUDDED 12-30-80 16. DATE T.D. REACHED 1-11-81 17. DATE COMPL. (Ready to prod.) 4-3-81 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5754 gr 19. ELEV. CASINGHEAD 5755

20. TOTAL DEPTH, MD & TVD 6875 21. PLUG, BACK T.D., MD & TVD 6832 22. IF MULTIPLE COMPL., HOW MANY* two 23. INTERVALS DRILLED BY 10-6875

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

4407-4644

Mesa Verde

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, CNL, FDC, GR, Caliper, CBL, VDL, CCL

25. 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	281	12 1/4	275 sk c/b +29. CaCl ₂	None
5 1/2	15.5 & 17	6875	7 7/8	srg #1 235 sk 50-50 poz	None
				srg #2 275 sk 50-50 poz	
				srg #3 330 sk 65-35 poz	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
N/A					1 1/2	4514	None

31. PERFORATION RECORD (Interval, size and number)

4407-4410 0.4" 6 4502-4506 0.4" 8
4422-4432 0.4" 20 4568-4572 0.4" 8
4454-4464 0.4" 20 4574-4580 0.4" 12
4482-4488 0.4" 12 4617-4624 0.4" 14
4494-4500 0.4" 12 4640-4644 0.4" 8

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4407-4644	1000 gal 15% HCl 17,500 gal 30# gel w/120,000 #20-40 sand

33. PRODUCTION

DATE FIRST PRODUCTION 3-30-81 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-20-81	3	3/4					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
157	645		0	4207	0		

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

Vented

TEST WITNESSED BY

A.D. Miller

ACCEPTED FOR RECORD

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

5/5/81

FARMINGTON DISTRICT

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

NMOCC

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.

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.), 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 filed 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: "Socks 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.)

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

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