

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Trigg

9. Well No.
4

10. Field and Pool, or Wildcat
Wildcat

12. County
San Miguel

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

2. Name of Operator
CO2-In-Action, Inc.

3. Address of Operator
P.O. Box 2748; Amarillo, Texas 79105

4. Location of Well
UNIT LETTER L LOCATED 1965 FEET FROM THE South LINE AND 660 FEET FROM

THE West LINE OF SEC. 3 TWP. 14N RGE. 28E NMPM

15. Date Spudded 4/6/84 16. Date T.D. Reached 4/18/84 17. Date Compl. (Ready to Prod.) --- 18. Elevations (DF, RKB, RT, GR, etc.) 4910'KB 19. Elev. Casinghead ---

20. Total Depth 4410' 21. Plug Back T.D. --- 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By: Rotary Tools XXXX Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
DIL, FDC, CNL, GR

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT L.B./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#/ft	409'	11"	220 sx. Class C, 2% CC, 14.8#/gal. Circulated to Surface	-0-

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

None.

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

3. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) _____

Date of Test _____ Hours Tested _____ Choke Size _____ Prod'n. For Test Period _____ Oil - Bbl. _____ Gas - MCF _____ Water - Bbl. _____ Gas - Oil Ratio _____

Flow Tubing Press. _____ Casing Pressure _____ Calculated 24-Hour Rate _____ Oil - Bbl. _____ Gas - MCF _____ Water - Bbl. _____ Oil Gravity - API (Corr.) _____

4. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

5. List of Attachments
Logs.

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED P. S. Sulaker TITLE Geophysicist DATE October 22, 1985.

