3	SENDER: Complete items 1, 2, 3 and 4.
Form 3811, July 1983	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.
983	1. 🗓 Show to whom, date and address of delivery.
447-845	2. Restricted Delivery.
145	3. Article Addressed to: Eastern Sandia Production Co. 418 West Broadway Farmington, N.M. 87401
	4. Type of Service: Article Number
	Registered Insured P612 458 310 COD Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
DOM	5. Signature Addressee
DOMESTIC	K. Signature - Agent Almoniz
RETURN	7. Date of Delivery
RN RECE	8. Addressee's Address (ONLY if requested and fee bald)
CEIP	

8	SENDER: Complete items	1, 2, 3 and 4.
PS Form 3811, July 1983	Put your address in the "RETI reverse side. Failure to do this being returned to you. The ret you the name of the person de delivery. For additional fees the available. Consult postmaster for service(s) requested.	will prevent this card from urn receipt fee will provide livered to and the date of the following services are
83	1. X Show to whom, date an	d address of delivery.
447-845	2. Restricted Delivery.	
45	3. Article Addressed to: Eastern Sandia 418 West Broadw Farmington, New	
7	4. Type of Service:	Article Number
	Registered Insured COD Express Mail	P 612 458 002
	Always obtain signature of add DATE DELIVERED.	dressee <u>or</u> agent and
DOM	5. Signature - Addressee X	
DOMESTIC	6. Signature - Agent X Walla	mrason
RETURN	7. Date of Delivery	S5
	8. Addressee's Address (ONL)	if requested and fee paid)
RECEIP		
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STATE OF NEV										ed 10-1-78-
ENERGY AND MINERAL		alL	CONS	ERVA	TIONED	IVISI	ION	<u> </u>	alcais T	ype of Lease
DISTRIBUTION		_	F	P. O. BO	× 2088				late	Fee V
SANTA FE		SA	NTA F	E, NEW	MEXICO	8750	1			Gas Lease No.
V.S.G.S.										
LANG OFFICE		LL COMPLE	ETION O	R RECC	MPLETIO	1 REP	ORT AND	7/1/2	11111	
SPERATOR			·····							
IC. TYPE OF WELL								7. Un	it Agreen	nent Name-
D. TYPE OF COMPLE	TION WELL	WELL		ORY X	OTHER:_					
NEW   WO		PLUE		100:				5. 76		ase Name
2. Name of Operator	R CEPEN	sacx	<u> </u>	ESVR.	OTHER		····	9. We	HOR	TON
·	Eastern	Sandia	Produ	ıctior	n Compa	ny			# 2	
:. Address of Operator	418 Wes	t Broadw	ay, F	armir	ngton,	M. N	. 8740]	10. F	leic and	Pool, or Wildest
4. Location of Well				<del></del>			·		min	
UNIT LETTER A	LOCATED 400	PEET P	- 341 MOR	NORI	H LINE AND	660		FROM		
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THE EAST LINE OF	see. 32 Two	LIN se	z. #E	NMPM D	(11111)	7777		Mant	<u>e Fe</u>	
15. Date Spunded: 11/26/82	5/14/84	ened 17. Date	Compt. (A	ready to P	1				) 19. E1	ev. Cashingneac
20. Total Depth	21. Plug	Back T.D.	22.	If Multiple	Compl., Hav		Grd. I		<u> </u>	Capie Tools
2,497 Fee	t > (23891	64/045)		Мену			Drilled By	Rotary Tools	- 1 -	XXX
24. Producing interval(s	), of this completion	n — Top, Bottos	, Name	<del> </del>					25.	Was Directional Survey
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26. Type Electric and C	thee I one Bus								1	No
	- •	<b>.</b>	3 C	วพร <i>ด</i> ชา	n hoten	onei	+ 17 T Oct		27. WGS	Well Cared NO
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29.	t 154	ER RECORD	· · · · · ·	<u> </u>	1	1		71101110	25000	
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31. Perforation Record (	Interval, size and n	umber)	<del></del>		32.	ACID, SH	IOT, FRACT	URE, CEMEN	IT SQUE	EZE, ETC.
					OEPTH	NTERV	AL	AMOUNT AN	O KIND	MATERIAL USED
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13.				PRODU	ICTION					······
Date First Production	Producti	on Method (Flor	ving, gas	lift, pumpi	ng - Size and	type pu	mp)	Well	Status (F	Prod. or Shuc-inj
Date of Test	Hours Tested	Chore Size	Prod'n.	Fee /	он — вы.		. VCE	j '' 75		
	1,023	Cilore Street	Test P		Ju <del>-</del> 661.		- MCF	Water - 3bi	<u>د</u> ا	as—Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24	- 011 - 8	BbL.	Gas - M	<del>'</del>	Water -	Эы.	Oil Gre	evity - API (Corr.)
		How Rate								
34. Disposition of Gas (	Sold, used for fuel,	vented, etc.)						Test Witnes	sed By	<del></del>
5. List of Attochments		· · · · · · · · · · · · · · · · · · ·								
war or recomments										
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	1 1/1	/			•		. ,	- <b>-</b>		13 10 E
SIGNED	1101	20 Un		rle <u>P</u>	reside	J. dz.		DATE		/1/85
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## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or despended well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

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