

SENDER: Complete items 1, 2, 3 and 4.

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.

1. ☒ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Article Addressed to:
Eastern Sandia Production Co.
418 West Broadway
Farmington, N.M. 87401

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P612 458 310

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
X

6. Signature — Agent
X *Ava Edmonson*

7. Date of Delivery
5/2/86

8. Addressee's Address (ONLY if requested and fee paid)

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Eastern Sandia Production Co.
418 West Broadway
Farmington, New Mexico 87401

4. Type of Service:	Article Number
☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	P 612 458 002

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
X

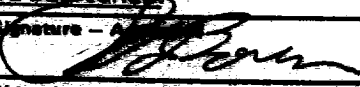
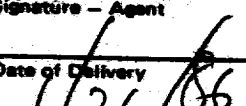
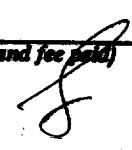
6. Signature — Agent
X *Ava Edmonson*

7. Date of Delivery
9/26/85

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4. 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. ☒ Show to whom, date and address of delivery.	
2. ☐ Restricted Delivery.	
3. Article Addressed to: Eastern Sandia Production Company 418 W. Broadway Farmington, NM 87401	
4. Type of Service: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD	Article Number P612458156
Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X 	
6. Signature - Agent X 	
7. Date of Delivery 11/21/86	
8. Addressee's Address (ONLY if requested and fee paid) 	

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	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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

Eastern Sandia Production Company

3. Address of Operator

418 West Broadway, Farmington, N. M. 87401

4. Location of Well

UNIT LETTER A LOCATED 400 FEET FROM THE NORTH LINE AND 660 FEET FROM

THE EAST LINE OF SEC. 32 TWP. 11N RGE. 7E NMPM

12. County

Santa Fe

15. Date Spudded

11/26/82

16. Date T.D. Reached

5/14/84

17. Date Compl. (Ready to Prod.)

18. Elevations (DF, RKB, RT, GR, etc.)

6705.0 Grd. Level

19. Elev. Casinghead

20. Total Depth

2,497 Feet →

21. Plug Back T.D.

(2389' by logs)

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools

Cable Tools

XXX

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

None

25. Was Directional Survey Made

No

26. Type Electric and Other Logs Run

Induction LOG and Compensated Density LOG

27. Was Well Cored

No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8ths		834'		Casing cemented in place.	
6 5/8ths		135'			

29. LINER RECORD

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

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

DEPTH INTERVAL

AMOUNT AND KIND MATERIAL USED

33. 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.)	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

35. List of Attachments

36. 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 [Signature] TITLE President DATE 10/1/85

