

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                        |                                     |
|------------------------|-------------------------------------|
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| 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.

|                                                                                                                                                                                                                    |                                                                     |                                                                                                   |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1a. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____                                                                        |                                                                     | 7. Unit Agreement Name                                                                            |                                                     |
| b. TYPE OF COMPLETION<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____ |                                                                     | 8. Form or Lease Name<br>Ferrill                                                                  |                                                     |
| 2. Name of Operator<br>Black Oil, Inc.                                                                                                                                                                             |                                                                     | 9. Well No.<br>5                                                                                  |                                                     |
| 3. Address of Operator<br>P.O. Box 537, Farmington, NM 87499                                                                                                                                                       |                                                                     | 10. Field and Pool, or Willcat<br>Wildcat                                                         |                                                     |
| 4. Location of Well<br>UNIT LETTER <u>G</u> LOCATED <u>1650</u> FEET FROM THE <u>East</u> LINE AND <u>1740</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>1</u> TWP. <u>13N</u> RGE. <u>8E</u> NMPM                |                                                                     | 12. County<br>Santa Fe                                                                            |                                                     |
| 15. Date Spudded<br>2/10/86                                                                                                                                                                                        | 16. Date T.D. Reached<br>3/6/86                                     | 17. Date Compl. (Ready to Prod.)<br>3/7/86                                                        | 18. Elevations (DF, RKB, RT, GR, etc.)<br>5895 GR   |
| 19. Elev. Casinghead                                                                                                                                                                                               | 20. Total Depth<br>4252'                                            |                                                                                                   |                                                     |
| 21. Plug Back T.D.                                                                                                                                                                                                 |                                                                     | 22. If Multiple Compl., How Many                                                                  | 23. Intervals Drilled By<br>Rotary Tools<br>0-4252' |
| 24. Producing interval(s), of this completion - Top, Bottom, Name<br>NA                                                                                                                                            |                                                                     |                                                                                                   | 25. Was Directional Survey Made<br>yes              |
| 26. Type Electric and Other Logs Run<br>Dual Induction - FDC/CNL Density                                                                                                                                           |                                                                     |                                                                                                   | 27. Was Well Cored<br>no                            |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                 |                                                                     |                                                                                                   |                                                     |
| CASING SIZE<br>8-5/8"                                                                                                                                                                                              | WEIGHT LB./FT.<br>24#                                               | DEPTH SET<br>200                                                                                  | HOLE SIZE<br>12-1/4"                                |
| CEMENTING RECORD<br>0 to surface                                                                                                                                                                                   |                                                                     | AMOUNT PULLED                                                                                     |                                                     |
| 29. LINER RECORD                                                                                                                                                                                                   |                                                                     |                                                                                                   |                                                     |
| SIZE                                                                                                                                                                                                               | TOP                                                                 | BOTTOM                                                                                            | SACKS CEMENT                                        |
| SCREEN                                                                                                                                                                                                             |                                                                     | 30. TUBING RECORD                                                                                 |                                                     |
| SIZE                                                                                                                                                                                                               | DEPTH SET                                                           | PACKER SET                                                                                        |                                                     |
| 31. Perforation Record (Interval, size and number)<br>NA                                                                                                                                                           |                                                                     | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL<br>AMOUNT AND KIND MATERIAL USED |                                                     |
| 33. PRODUCTION                                                                                                                                                                                                     |                                                                     |                                                                                                   |                                                     |
| Date First Production<br>NA                                                                                                                                                                                        | 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 <u>W. Bruce G. Smith</u>                                                                                                                                                                                    |                                                                     | President                                                                                         |                                                     |
| DATE <u>3/30/86</u>                                                                                                                                                                                                |                                                                     | DATE                                                                                              |                                                     |

# 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 deepened 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 also 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

### Southeastern New Mexico

T. Anhy \_\_\_\_\_ T. Canyon \_\_\_\_\_  
T. Salt \_\_\_\_\_ T. Strawn \_\_\_\_\_  
B. Salt \_\_\_\_\_ T. Atoka \_\_\_\_\_  
T. Yates \_\_\_\_\_ T. Miss \_\_\_\_\_  
T. 7 Rivers \_\_\_\_\_ T. Devonian \_\_\_\_\_  
T. Queen \_\_\_\_\_ T. Silurian \_\_\_\_\_  
T. Grayburg \_\_\_\_\_ T. Montoya \_\_\_\_\_  
T. San Andres \_\_\_\_\_ T. Simpson \_\_\_\_\_  
T. Giorieta \_\_\_\_\_ T. McKee \_\_\_\_\_  
T. Paddock \_\_\_\_\_ T. Ellenburger \_\_\_\_\_  
T. Blinbry \_\_\_\_\_ T. Gr. Wash \_\_\_\_\_  
T. Tubb \_\_\_\_\_ T. Granite \_\_\_\_\_  
T. Drinkard \_\_\_\_\_ T. Delaware Sand \_\_\_\_\_  
T. Abo \_\_\_\_\_ T. Bone Springs \_\_\_\_\_  
T. Wolfcamp \_\_\_\_\_ T. \_\_\_\_\_  
T. Penn. \_\_\_\_\_ T. \_\_\_\_\_  
T. Cisco (Bough C) \_\_\_\_\_ T. \_\_\_\_\_

### Northwestern New Mexico

Galisteo  
~~XXXXXX~~ Surface \_\_\_\_\_ T. Penn. "B" \_\_\_\_\_  
T. Kirtland-Fruitland \_\_\_\_\_ T. Penn. "C" \_\_\_\_\_  
T. Pictured Cliffs \_\_\_\_\_ T. Penn. "D" \_\_\_\_\_  
T. Cliff House \_\_\_\_\_ T. Leadville \_\_\_\_\_  
T. Menefee \_\_\_\_\_ T. Madison \_\_\_\_\_  
T. Point Lookout 1725 T. Elbert \_\_\_\_\_  
T. Mancos 1820 T. McCracken \_\_\_\_\_  
T. Gallup 2750 T. Ignacio Qtzte \_\_\_\_\_  
Base Greenhorn 3880 T. Granite \_\_\_\_\_  
T. Dakota 3950 T. \_\_\_\_\_  
T. Morrison 4230 T. \_\_\_\_\_  
T. Todilto \_\_\_\_\_ T. \_\_\_\_\_  
T. Entrada \_\_\_\_\_ T. \_\_\_\_\_  
T. Wingate \_\_\_\_\_ T. \_\_\_\_\_  
T. Chinle \_\_\_\_\_ T. \_\_\_\_\_  
T. Permian \_\_\_\_\_ T. \_\_\_\_\_  
T. Penn. "A" \_\_\_\_\_ T. \_\_\_\_\_

## OIL OR GAS SANDS OR ZONES

No. 1, from \_\_\_\_\_ to \_\_\_\_\_ No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from \_\_\_\_\_ to \_\_\_\_\_ feet \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ feet \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ feet \_\_\_\_\_  
No. 4, from \_\_\_\_\_ to \_\_\_\_\_ feet \_\_\_\_\_

## FORMATION RECORD (Attach additional sheets if necessary)

| From | To   | Thickness<br>in Feet | Formation     | From | To | Thickness<br>in Feet | Formation |
|------|------|----------------------|---------------|------|----|----------------------|-----------|
| 0    | 1540 | 1540                 | Galisteo      |      |    |                      |           |
| 1540 | 1820 | 280                  | Point Lookout |      |    |                      |           |
| 1820 | 2750 | 930                  | Mancos        |      |    |                      |           |
| 2750 | 3140 | 390                  | Niobrara      |      |    |                      |           |
| 3140 | 3790 | 650                  | L. Mancos     |      |    |                      |           |
| 3790 | 3880 | 90                   | Greenhorn     |      |    |                      |           |
| 3880 | 3950 | 70                   | Graneros      |      |    |                      |           |
| 3950 | 4230 | 280                  | Dakota        |      |    |                      |           |