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-dified or despend 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

Sou	theastern New Mexico	Northwe	Northwestern New Mexico			
T. Anhy 175'	T. Canyon	T. Ojo Alamo	T. Penn. ''B''			
B. Selt	T. Atoka	T. Pictured Cliffs	T. Penn. "C" T. Penn. "D" T. Leadville			
T. Yates 386'	T. Miss	T. Cliff House	T. Leadville			
T. 7 Rivers510'	T. Devonian	T. Menefee	T. Penn. "D" T. Leadville T. Madison T. Elbert			
T. Queen1101'	T. Silurian	T. Point Lookout	T. Elbert			
T. Grayburg	T. Montoya	T. Mancos	T. McCracken			
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Qtzte			
T. Glorieta	T. McKee	Base Greenhorn	T. Granite			
			T			
T. Blinebry	T. Gr. Wash	T. Morrison	T			
T. Tubb	T. Granite	T. Todilto	T			
T. Drinkard	T. Delaware Sand	T. Entrada	T			
T. Abo	T. Bone Springs	T. Wingate	T			
T. Wolfcamp	T	T. Chinle	T.			
T. Penn	T	T. Permian	T			
T Cisco (Bough C)	T	T. Penn "A"	<u> </u>			
	01L 0	R GAS SANDS OR ZONES				
No. 1, from	to		to			
No. 2, from	to		to			
No. 3, from	to		to			
-						
	IMP	ORTANJ WATER SANDS	· · · · · · · · · · · · · · · · · · ·			
Include data on rate of water	inflow and elevation to which wa	ter rose in hole.				
No. 1, from	to		·			
No. 2, from	to	fcct.	fect			
No. 3, from	to	feet.				
No. 4, from	to	fcct.				
	FORMATION RECORD	(Attach additional sheets if necessary	y)			

From	Τo	Thickness in Feet	Formation	^	From	То	Thickness in Feet	Formation
•								
								A.
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