Form 3160-4 (Öctober 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(See other Instructions on reverse side)

FOR APPROVED OMB NO. 1004-0137

Expires: December 31, 19

	Expires: December 31, 1991
i.	LEASE DESIGNATION AND SERIAL NO.
	NMSF-078884

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E. TYPE OF COMPLETION: WANTED WORD SEED NAME OF OFFERATOR SEED				OIL		GAS V										
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33. 33. 33. 33. 33. 34. 35. 36. 36. 37. 38. 38. 38. 38. 38. 38. 38. 39. 30	31 PERFORA	TION REC	ORD (Interval	, size and num	ber)			32.		ACI	D, SHO	T, FRACTURE	, CEME	NT SQUEEZE	, ETC.	
33. ATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) ATE OF TEST HOURS TESTED CHOKE SIZE PROD'N FOR OIL-BBL 8-27-03 1 2" DIL-BBL GAS-MCF WATER-BBL GAS-OIL RATIO 193 MCF/D Pitot Gauge 193 MCF/D Pitot Gauge CASING PRESSURE ALCULATED 24-HOUR RATE SI 215 SI 215 SI 215 SI 215 SI 215 SI 215 To be sold 35. LIST OF ATTACHMENTS None 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records GNED WATER-BBL OIL GRAVITY-API (CORR.) TEST WITNESSED BY TEST WITNESSED	3341-39	42' w/2	5 holes													
33. ATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) ATE OF TEST HOURS TESTED CHOKE SIZE PRODN FOR TEST PERIOD 193 MCF/D Pitot Gauge 193 MCF/D Pitot Gauge OIL GRAVITY-API (CORR.) 35. LIST OF ATTACHMENTS None 36. LIST OF ATTACHMENTS None 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records TITLE Senior Staff Specialist "(See Instructions and Spaces for Additional Data on Reverse Side) ittle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency—the indiced States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. FARMINGTON FIELD OFFICE PRODUCTION WELL STATUS (Producing or shut-in) SI 193 MCF/D Pitot Gauge 194 MCF/D Pitot Gauge 195 MCF/D Pitot Gauge 195 MCF/D Pitot Gauge 195 MCF/D Pitot Gauge 195 MCF/D Pitot Gauge 196 MCF/D Pitot Gauge 197 MCF/D Pitot Gauge 198 MCF/D Pitot Gauge 198 MCF/D Pitot Gauge 198 MCF/D Pitot Gauge 198 MCF/D Pitot Gauge 199 MCF/D Pitot Gauge 198 MCF/D Pitot Gauge 199 MCF/D Pitot Gauge																
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8-27-03 1 2" TEST PERIOD 193 MCF/D Pitot Gauge Oil. GRAVITY-API (CORR.) SI 215 SI 215 SI 215 To be sold 35. LIST OF ATTACHMENTS None 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records *(See Instructions and Spaces for Additional Data on Reverse Side) itle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency of the Tagenty Office FARMINGTON FIELD OFFICE	NATE OF TEST		HOUSET	ESTED	CHO				OII 51	21	CAE	MCE	\A/A-T-		ICAS OIL DATIO	
COW. TUBING PRESS. CASING PRESSURE SI 215 SI 215 SI 215 SI 215 To be sold 35. LIST OF ATTACHMENTS None 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (See Instructions and Spaces for Additional Data on Reverse Side) inited 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency of the Inited States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. FARMINGTON FIELD OFFICE	JAIE OF 1EST		Incors .	E312D						DL .	I GAS-	WiCr	I WATE	K-BDL	GAS-OIL RATIO	
SI 215 34. DISPOSITION OF GAS (Sold, used for fuel, verified, etc.) To be sold 35. LIST OF ATTACHMENTS None 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (See Instructions and Spaces for Additional Data on Reverse Side) inited 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency of the representations as to any matter within its jurisdiction. FARMINGTON FIELD OFFICE		22200	1 CASING	PRESSURE			<u> </u>	-991		CAS MCE	193 N				On COANTO ARIZOGOR	
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INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and leg on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION	тор	воттом	DESCRIPTION, CONTENTS, ETC.		тог		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH	
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