

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

## **WELL COMPLETION OR RECOMPLETION REPORT AND LOG\***

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>	Navajo Tribal			
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP- EN <input checked="" type="checkbox"/>	PLUG- BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>	Abandonment	
2. NAME OF OPERATOR		Walter Duncan							
3. ADDRESS OF OPERATOR		Box 137, Durango, Colorado							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*									
At surface		1980' north of south line, 660' west of east line.							
At top prod. interval reported below		Sec. 35, T29N-R16W							
At total depth									
15. DATE SPUNDED		16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DE, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD				
9-11-64		9-13-64	9-14-64 (abandoned)	5381 KB					
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS <input checked="" type="checkbox"/>	CABLE TOOLS <input type="checkbox"/>			
4839'		---	---	→	X				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*									
25. WAS DIRECTIONAL SURVEY MADE Yes									
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction-Electrical and Gamma Ray Sonic with Caliper									
27. WAS WELL CORED No									
28. Casing Record (Report all strings set in well)									
* Casing Size	Weight, lb/ft.	Depth Set (MD)	Hole Size	Cementing Record		Amount Pulled			
none									
29. Liner Record									
Size	Top (MD)	Bottom (MD)	Sacks Cement*	Screen (MD)	Size	Depth Set (MD)	Packer Set (MD)		
none					none				
31. Perforation Record (Interval, size and number)									
32. Acid, Shot, Fracture, Cement-Squeeze, Etc.									
Depth Interval (MD)		Amount and Kind of Material Used							
none		Oct 17, 1964							
33. Production									
Date First Production	Production Method (Flowing, gas lift, pumping—size and type of pump)						U. S. Geological Survey		
---	---						Well Status (Producing or M. 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.)									
35. List of Attachments									
TEST WITNESSED BY									
ACTS 1964									

**36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.**

**SIGNED**

**TITLE**

DATE October 2, 1964

**\*See Instructions and Spaces for Additional Data on Reverse Side)**

## INTRODUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log 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 or Federal office for specific instructions.

**Item-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.)

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

**Copies tot:**

**USGS, Farmington (2/copies of logs and directional survey) (5)**

**Comm. of P/L, Santa Fe (1)**

CCC Comm., Aetec (w/ copy of logs and directional survey) (1)

Pure (Unsweetened) Cacao Powder 100% Cacao 100g

Pure (Wurango) Casper). Penrose Fred. Co., Sun City Co.: LS grille u ea w/directional survey)