## UNITED STATES DEPART

SUBMIT IN DUPLICATE.

MENT OF	THE INTERIOR	struction reverse
TOLOCICAL	CHRVEY	

er in-		Budget Bure			
ns on side)	5. LEASE	DESIGNATION	AND	SERIAL	NO.

		C	SEO	LOGIC	AL SL	JRVEY	•		rever	se side/	NM-5979		
WELL CO	MPLET	ION	OR	RECO	MPLE	I NOI	REPOR1	ANI	) LO	G *	6. IF INDIAN	, ALLO	TTEE OR TRIBE NAME
1a. TYPE OF WEL	L:	OIL	. [X]	GAS T	<del></del>	DRY []	Other				7. UNIT AGRE	EMENT	NAME
b. TYPE OF COM	PLETION		وي ،	WELL C		<b></b>	other						
WELL X	WORK OVER	DEE	· 🗆	PLUG BACK	DII	SVR.	Other				8. FARM OR	LEASE	NAME
2. NAME OF OPERAT	OR			-	•						Jay Jay		·
Basin Fuels	s <del>Inc</del>	ے ــ	La	L.		,	,				9. WELL NO.		
3. ADDRESS OF OPE	RATOR										_		
300 W. Arri	ington	Sui	te :	300, Fa	rming	ton, N	M_8740	1	-,		f		, , , , , , , , , , , , , , , , , , ,
					accordance	e with an	y State req	uirement	8)*				
At Bullace 2	2310	rst a	330	) FML	-						OR AREA	S., M., C	OK BLOCK AND SOUVEL [
At top prod. int	erval repo	rted bel	o <b>₩</b>	Same	•								
10   10   10   10   10   10   10   10	N.R5W												
-	Same				14. P	ERMIT NO.		DATE 1	SSUED		12. COUNTY		13. STATE
					,						McKinle	V	NM
15. DATE SPUDDED	16. DAT	E T.D. RE	ACHE	D   17. DAT	E COMPL.	(Ready t	o prod.)	18. ELEV.	ATIONS (I	F, RKB,	· <del>' `</del>		CLEV. CASINGHEAD
5-31-78	6	-21-7	8		7-23-	78	1	6	5 <b>733</b> 6	R		67	33'
	& TVD	21. PLUG			TVD 2			PL.,				LS	CABLE TOOLS
=								<u> </u>		<del>-&gt;</del>	0-2810		None
4. PRODUCING INTER	RVAL(8), 0	F THIS	COMPL	ETION—TOP	, BOTTOM	, NAME (I	MD AND TVI	») <b>*</b>				25	SURVEY MADE
2102 212/	1 Man	o. <del>f</del> .o.o											Voc
					<del> </del>							27. W	
				ררו ג	CRI						l		
	- Cullp		<u> </u>			OPD (Per	ort all stric	nge eet in	**************************************				
	WEIGI	HT, LB./J	TT.					1		ENTING	RECORD		AMOUNT PULLED
8 5/8	_	20.0		85		11	11	80 9	sks cl	ass"	B"+2% CaC	12	NONE
51/3	-	14.0		279	8'	<del>  7</del>	7/8						
	_				-=-								
								"B"	+ 0.7	5% C	FR-2.		
29.		1	LINER	RECORD					30.		TUBING RECO	ORD	
	TOP (M	D)	BOTT	)M (MD)	SACKS (	EMENT*	SCREEN	(MD)		_		D)	PACKER SET (MD)
NONE		-							2 3/8	-	2148'		None
1. PERFORATION REC	ORD (Inte	rval. siz	e and	number)	<u> </u>		1 00	J A CT	D CHOT	EDAC	MADE CENENA	P SOTT	EVER PTC
	•	•		•						1			
									(20)				
		,							<del></del>				14.000 gel
0.0.										·	· <u> </u>		000# 100 mesh
													esh sand.
3.*						PRO	DUCTION						
	ION	PRODU	CTION	METHOD (	rlowing,	gae lift, p	umping—si	ze and ty	pe of pur	np)			s (Producing or
		1				·							
	i		١.,				1	<i>.</i> . I	_		1	.	GAS-OIL BATIO
	<u> </u>		_ <del></del> -		-			-VCF		-		OIL GI	500
	İ	· MASSO A									By C. Land	012 01	, ,
2. NAME OF OFERSTOR  BASIN FIRES. HTC.  300 M. Application. Solita 200. Experimenton. NM 87401  300 M. Application. Solita 200. Experimenton. NM 87401  At solitar 2310' FSL & 330' FSL & 330' Farmington. NM 87401  At solitar 2310' FSL & 330' F													
				,					/ 1		1 . \		
	MENTS									C.	7 (7)		
				1				,	10 /	$n_{n_{i}}$	MIL		I W E IM
6. I hereby certify	that the	foregoing	nd	attached in	of ornatio	n is comp	olete and co	rrect as	etermin	ed (rom	all able f	ecords	
STONES (	M	KAK			<u> </u>	vmv m	Agen	+	10	D.			R0-705-78
SIGNED	lack.	D Co	ak.	<i></i>		tark	Agen				AUT	1 <del>7 0</del>	1310

## NSTRUCTIONS

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 requirements, locations on Federal or Indian land should be described in accordance with Federal requirements, or Federal office for specific instructions. Consult local State

Hem 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. It 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), both and name(s) (if any) for only the interval reported in item 38 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	<b>10</b> P	BOTTOM		DESCRIPTION, CONTENTS, ETC.	erc.		10	TOP
	-					7	MEAS. DEPTH	TRUS VEST. DEPTH
		•						
			- · ·			Cliffhouse	1504'	<del></del>
		-				Menefee	1698'	_
					•	Point Lookout	2640'	
			-					
							-	
			·				. 1444	
		-					·.	