

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

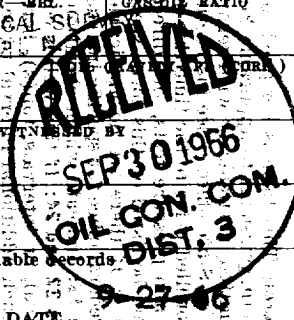
SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-1355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: Oil WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0557361-A	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN ALLOTTEE OR THIRD NAME Federal	
2. NAME OF OPERATOR El PanCo., Inc.		7. UNIT AGREEMENT NAME None	
3. ADDRESS OF OPERATOR 800 Loma Linda Pl., S. E., Albuquerque, New Mexico		8. FARM OR LEASE NAME Loma	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2310' FSL, 890' FEL, Sec. 18, T. 17N., R. 4W At top prod. interval reported below At total depth		9. WELL NO. No. 2	
14. PERMIT NO. U.S.G.S.		10. FIELD AND POOL, OR WILDCAT San Luis	
DATE ISSUED 11-9-65		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 18, T. 17N., R. 4W	
15. DATE SPUNDED 11-12-65		12. COUNTY OR PARISH Sandoval, New Mexico	
16. DATE T.D. REACHED 11-14-65		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.)		19. ELEV. CASING FEET	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6434GR		20. TOTAL DEPTH, MD & TVD 505	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
25. ROTARY TOOLS		26. CABLE TOOLS	
27. WAS DIRECTIONAL SURVEY MADE No		28. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)			
CASING SIZE 7 1/2 Surface	WEIGHT, LB./FT.	DEPTH SET (MD) 32'	AMOUNT PULLED 32'
30. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
31. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
32. PERFORATION RECORD (Interval, size and number)			
33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
34. PRODUCTION			
DATE FIRST PRODUCTION			
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
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.			
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
36. LIST OF ATTACHMENTS			
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>George P. Demas</u> TITLE <u>Secretary</u>			
DATE <u>9-27-66</u>			
El PanCo., Inc.			

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



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 38, 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.

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.

For each additional interval, showing the additional data pertinent to such interval.

Item 24: "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.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

[illegible]

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 0557361-A	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal	
2. NAME OF OPERATOR				7. UNIT AGREEMENT NAME None	
3. ADDRESS OF OPERATOR				8. FARM OR LEASE NAME Loma	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth				9. WELL NO. No. 2	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT San Luis	
15. DATE SPUDDED _____				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 18, T.17N-R4W	
16. DATE T.D. REACHED _____				12. COUNTY OR PARISH Sandoval	
17. DATE COMPL. (Ready to prod.) _____				13. STATE N. M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____				19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD _____		21. PLUG, BACK T.D., MD & TVD _____		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		ROTARY TOOLS _____		CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____				25. WAS DIRECTIONAL SURVEY MADE _____	
26. TYPE ELECTRIC AND OTHER LOGS RUN _____				27. WAS WELL CORED _____	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		SIZE	
DEPTH SET (MD)		ENTER SET (MD)		ENTER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED	
U. S. GEOLOGICAL SURVEY				FARMINGTON, N. M.	
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-OIL RATIO		OIL GRAVITY (COM. REL.)	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSES	
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED George P. Demas		TITLE Secretary,		DATE 10-6-66	
		El Paso Co., Inc.			

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

INSTRUCTIONS

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 36.

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 special 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Mesa Verde	Surface	Mesa Verde - T.D. 505'				