

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 ☐			
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐	
2. NAME OF OPERATOR H. A. Chapman								
3. ADDRESS OF OPERATOR 404 Cities Service Building, Tulsa, Oklahoma 74119								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1950' FSL & 860' FWL Sec. 10-T22N-R14W At top prod. interval reported below Same as surface At total depth Same as surface								
T4. PERMIT NO.						DATE ISSUED		
15. DATE SPUDDED 9/2/72						16. DATE T.D. REACHED 10/16/72		
17. DATE COMPL. (Ready to prod.) Dry						18. ELEVATIONS (DF, REB, BT, GR, ETC.)* GL 6053 DF 6065 KB 6067.5		
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 Dual Induction, Laterolog, Formation Density Log, Compensated Neutron-Formation Density, Strip Log								27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)								
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED		
13 3/8	40#	606'	17 1/2	600 Sxs.		None		
29. LINER RECORD								30. TUBING RECORD
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)								ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.								DEPTH INTERVAL (MD)
AMOUNT AND KIND OF MATERIAL USED								
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	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORE.)		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								TEST WITNESSED BY
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 [Signature]		TITLE Chief Engineer-Operations				DATE 11/20/72		

*(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 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.

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:			38. GEOLOGIC MARKERS	
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				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
Mississippi	9290	9310	Point Lookout	2082
			Mancos	2240
			Gallup U	3178
			Gallup L	3322
			Greenhorn	3980
			Dakota	4302
			Morrison	4360
			Todilto	5372
			Entrada	5390
			Chinle	5562
			Penn.	8470
			Barker Creek	9094
		Molas	9210	
		Miss.	9290	
		Devonian	9375	
		TD	9405	