

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

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 El Paso Natural Gas Company						14. PERMIT NO. _____ DATE ISSUED NOV 18 1963	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico						12. COUNTY OR PARISH Rio Arriba	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1100'S, 1650'W At top prod. interval reported below At total depth						13. STATE New Mexico	
15. DATE SPUDDED 9-29-63	16. DATE T.D. REACHED 10-2-63	17. DATE COMPL. (Ready to prod.) 10-16-63	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6614'GL, 6624'DF		19. ELEV. CASINGHEAD		
20. TOTAL DEPTH, MD & TVD 2404	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0 - 2404	CABLE TOOLS		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2258 - 2274 - Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE Yes		
26. TYPE ELECTRIC AND OTHER LOGS RUN Electrical Log, Radioactivity Log, Temperature Survey					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		
8 5/8"	24#	135	12 1/4"	90 Sks. Circulated			
2 7/8"	6.4#	2404'	6 1/4"	210 Sks. Single Stage			
29. LINER RECORD						30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD) PACKER SET (MD)	
					Tubingless Completion		
31. PERFORATION RECORD (Interval, size and number) 2258 - 74 w/2" Cowinder & 2 SPT				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				2258-74			
				AMOUNT AND KIND OF FLUID USED			
				30,240 gal. water			
				30,000# 10/20 mesh			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						Producing	
DATE OF TEST 11-5-63	HOURS TESTED 3	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	
FLOW. TUBING PRESS.	CASING PRESSURE SIPC 668	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. ADP 2444 MCF/D	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY W. D. Dawson	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
ORIGINAL SIGNED E. S. OBERLY			TITLE Petroleum Engineer		DATE 11-8-63		

*(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 63, 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 23. 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo Kirtland Fruitland Pictured Cliffs Lewis	0 1549 1733 2009 2248 2286	1549 1733 2009 2248 2286 2404			