

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. SF 079600	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☒ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Skelly Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Rm. 208 Goodstein Bldg. 330 So. Center, Casper, Wyo, 82601		8. FARM OR LEASE NAME C. W. Roberts	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 660' FNL Sec. 17-T25N-R3W, Rio Arriba County, N. M. At top prod. interval reported below At total depth Same		9. WELL NO. 4	
14. PERMIT NO. NA		DATE ISSUED	
15. DATE SPUDDED 6-15-58		16. DATE T.D. REACHED 7-13-58	
17. DATE COMPL. (Ready to prod.) 7-23-58		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7142' GL 7152' KB	
20. TOTAL DEPTH, MD & TVD 8220'		21. PLUG, BACK T.D., MD & TVD 8167'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-8220'	
24. PRODUCING INTERVAL(S)* OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* *6960-7250' Gallup		25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Elec.		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-3/8"OD	48#	316'	
5-1/2"OD	17#	8247'	
			CEMENTING RECORD
			350 Sks.
			375 Sks.
			AMOUNT PULLED
			None
			"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8	7126		
31. PERFORATION RECORD (Interval, size and number) 6960'-7250' (100'-200 shots)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6960'-7250'		1500 bbls. oil, 120,000# 20/40 sand, 3500 gals. acid.	
33. PRODUCTION			
DATE FIRST PRODUCTION 4-7-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 4-7-74		WELL STATUS (Producing or shut-in) Prod.	
HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD 9	GAS—MCF. 110
FLOW. TUBING PRESS.	CASING PRESSURE	WATER—BBL. 0	GAS—OIL RATIO 41
CALCULATED 24-HOUR RATE 9	OIL—BBL. 110	OIL GRAVITY-API (CORR.) 41	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on connection			
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 R. L. Mynatt		TITLE Area Clerk	
		DATE 7-17-74	

* (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.

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 should be listed on this form, see item 3b.

for 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.

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 completion. (See instruction for items 22 and 24 above.)

[illegible]