

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 Intermountain Petroleum Corporation					
3. ADDRESS OF OPERATOR 3508 Sunset Ave., Farmington, New Mexico					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1080/S and 790/W Sec. 25-T25N-R6W At top prod. interval reported below Same At total depth Same					
14. PERMIT NO.		DATE ISSUED 9-22-66		12. COUNTY OR PARISH Rio Arriba	
15. DATE SPUDDED 9-22-66		16. DATE T.D. REACHED 9-26-66		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 10-7-66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6651 Gr., 6661 KB		19. ELEV. CASINGHEAD 6654	
20. TOTAL DEPTH, MD & TVD 2650		21. PLUG BACK T.D., MD & TVD 2608		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 2650		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2559-2575, Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN Lane Wells Electrollog					27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8		24.0		111	
4 1/2		9.5		2642	
HOLE SIZE		CEMENTING RECORD		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
12 1/4		Circulated		DEPTH INTERVAL (MD)	
6 3/4		110 Sacks		AMOUNT AND KIND OF MATERIAL USED	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)	
SIZE		SIZE		2559-75, 32 Holes, 0.48" diameter	
TOP (MD)		DEPTH SET (MD)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
BOTTOM (MD)		1"		DEPTH INTERVAL (MD)	
SACKS CEMENT*		2558		2559-75	
SCREEN (MD)		OIL CON. COM. DIST. 2		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
DATE FIRST PRODUCTION		Shut-in for pipeline connection		Cole	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
Flowing		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED Original signed by Jack A. Cole	
WELL STATUS (Producing or shut-in)		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		TITLE President	
Shut-in		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		DATE 10-10-66	
DATE OF TEST		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		FLOW. TUBING PRESS.	
10-7-66		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		CASING PRESSURE	
HOURS TESTED		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		450 psi	
24		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		CALCULATED 24-HOUR RATE	
CHOKE SIZE		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		OIL—BBL.	
1"		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		GAS—MCF.	
PROD'N. FOR TEST PERIOD		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		WATER—BBL.	
OIL—BBL.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		OIL GRAVITY-API (CORR.)	
GAS—MCF.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		3,000 est	
WATER—BBL.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		OIL GRAVITY-API (CORR.)	
OIL GRAVITY-API (CORR.)		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		OIL GRAVITY-API (CORR.)	

*(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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
			TRUE VERT. DEPTH		
Ojo ? Alamo	2020	2190	Water sand	Tertiary sand and shale	0- 2020
Pictured Cliffs	2558-	2590	Gas Sand	Ojo Alamo sand	2020
				Kirtland sh	2190
				Fruitland coal	2410
				PC sand	2558
				Lewis shale	2590