

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 <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>				
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>		
2. NAME OF OPERATOR J. H. Abraham						7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR 3222 Silver, S.E. Albuquerque, New Mexico						8. FARM OR LEASE NAME PCC			
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations) At surface 101.35 At top prod. interval reported below 3552-3910 At total depth 3946						9. WELL NO. PCC-42			
10. FIELD AND POOL, OR WILDCAT Tapacito PC						11. SEC. T. R., M., OR BLOCK AND SURVEY OR AREA SW 1/4, Section 6, 25N-3W.			
12. COUNTY OR PARISH Rio Arriba						13. STATE New Mexico			
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DE, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
10-15-67		10-24-67		11-3-67					
20. TOTAL DEPTH, MD & TVD		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)*	
						3946		Picture Cliff 3552-3910	
25. WAS DIRECTIONAL SURVEY MADE									
26. TYPE ELECTRIC AND OTHER LOGS RUN Large Wells									
28. CASING RECORD (Report all strings set in well)									
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
3-5/8		30		101.35		10-3/4		110	
4-1/2		3.5		3036.73		5-3/4		150	
3-3/8		4.7		3070					
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)	
30. TUBING RECORD									
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
31. PERFORATION RECORD (Interval, size and number)									
3552-3910 33 shots									
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
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)				WELL STATUS (Producing or shut-in) XXXXXX			
11-8-67		Flowing							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
11-8-67		2		3/4				4534	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.	
								4534	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)									
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		TITLE				DATE			
J. H. Abraham						11-22-67			

*(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.

and/or State office. See instructions on items 25 and 24, and 33, below regarding separate reports for separate complexes. 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. Measurements, 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 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 5: 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.

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.

and _____

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Stacks 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.)

SHOW ALL IMPORTANT ZONES OF FISSURES AND COLLARS ATTACHED TO CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

[illegible]

NAME