

Form approved.  
Budget Bureau No. 42-R355.0.

## 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"/>        |  | None-Commercial <input checked="" type="checkbox"/> |  | UNIT AGREEMENT NAME                                                                                                               |  |
| b. TYPE OF COMPLETION:                                                                                                            |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | S. FARM OR LEASE NAME                                                                                                             |  |
| 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"/>                      |  | Federal USA                                                                                                                       |  |
| 2. NAME OF OPERATOR                                                                                                               |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 9. WELL NO.                                                                                                                       |  |
| Lynco Oil Corporation                                                                                                             |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | #1                                                                                                                                |  |
| 3. ADDRESS OF OPERATOR                                                                                                            |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 10. FIELD AND POOL, OR WILDCAT                                                                                                    |  |
| 7890 E. Prentice Ave. Englewood, Colo. 80110                                                                                      |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Gavilan P.C. - Ext                                                                                                                |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                      |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA                                                                                 |  |
| At surface 790' FWL 1850' FNL                                                                                                     |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 13, T24N, R2W                                                                                                                     |  |
| At top prod. interval reported below Same                                                                                         |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 12. COUNTY OR PARISH                                                                                                              |  |
| At total depth Same                                                                                                               |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Rio Arriba                                                                                                                        |  |
| 14. PERMIT NO.                                                                                                                    |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 13. STATE                                                                                                                         |  |
| DATE ISSUED                                                                                                                       |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | New Mexico                                                                                                                        |  |
| 7/12/73                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 19. ELEV. CASING HEAD                                                                                                             |  |
| 15. DATE SPUDDED                                                                                                                  |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 7430                                                                                                                              |  |
| 16. DATE T.D. REACHED                                                                                                             |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 23. INTERVALS DRILLED BY                                                                                                          |  |
| 17. DATE COMPL. (Ready to prod.)                                                                                                  |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | ROTARY TOOLS                                                                                                                      |  |
| 18. ELEVATIONS (DF, RKB, ET, GR, ETC.)*                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | CABLE TOOLS                                                                                                                       |  |
| 7-14-73                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 0-3527                                                                                                                            |  |
| 7-18-73                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | None                                                                                                                              |  |
| 9-13-73                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 25. WAS DIRECTIONAL SURVEY MADE                                                                                                   |  |
| 20. TOTAL DEPTH, MD & TVD                                                                                                         |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | No                                                                                                                                |  |
| 21. PLUG, BACK T.D., MD & TVD                                                                                                     |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |  |
| 3527 MD                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Induction Electrolog                                                                                                              |  |
| 3497 MD                                                                                                                           |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 27. WAS WELL CORED                                                                                                                |  |
| 22. IF MULTIPLE COMPL., HOW MANY*                                                                                                 |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | No                                                                                                                                |  |
| 23. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                     |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 28. CASING RECORD (Report all strings set in well)                                                                                |  |
| 3444-3476 Pictured Cliffs MD -                                                                                                    |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 29. LINER RECORD                                                                                                                  |  |
| 24. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 30. TUBING RECORD                                                                                                                 |  |
| Induction Electrolog                                                                                                              |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 31. PERFORATION RECORD (Interval, size and number)                                                                                |  |
| 25. WAS DIRECTIONAL SURVEY MADE                                                                                                   |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                    |  |
| No                                                                                                                                |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 33. PRODUCTION                                                                                                                    |  |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |  |
| Induction Electrolog                                                                                                              |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Vented                                                                                                                            |  |
| 27. WAS WELL CORED                                                                                                                |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 35. LIST OF ATTACHMENTS                                                                                                           |  |
| No                                                                                                                                |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Two copies of Electric Log                                                                                                        |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |  |
| 29. LINER RECORD                                                                                                                  |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | SIGNED                                                                                                                            |  |
| 30. TUBING RECORD                                                                                                                 |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | Vice President                                                                                                                    |  |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | DATE                                                                                                                              |  |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                    |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  | 4/4/74                                                                                                                            |  |
| 33. PRODUCTION                                                                                                                    |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  |                                                                                                                                   |  |
| 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                                                                                                                            |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  |                                                                                                                                   |  |
| Vice President                                                                                                                    |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  |                                                                                                                                   |  |
| DATE                                                                                                                              |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  |                                                                                                                                   |  |
| 4/4/74                                                                                                                            |  |                                    |  |                                              |  |                                    |  |                                       |  |                                                     |  |                                                                                                                                   |  |

**\*(See Instructions and Spaces for Additional Data on Reverse Side)**

ORIGINAL SIGNED BY  
E. L. FUNDINGSLAND, JR.

**COPY TO ROSWELL**

# 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                                                                                                                                                                                                          | 3100 | 3240   | Sand & Shale Water          | Ojo Alama            | 3100             |
| PICTURED CLIFFS                                                                                                                                                                                                    | 3442 | 3476   | Sand Gas & Water            | Kirtland             | 3240             |
|                                                                                                                                                                                                                    |      |        |                             | Fruitland            | 3300             |
|                                                                                                                                                                                                                    |      |        |                             | Pic. Cliffs          | 3442             |