

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

* Form approved.
Budget Bureau No. 42-R355.5.

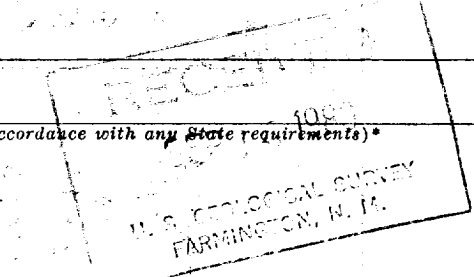
WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
 At surface **1520' FSL & 1650' FEL**
 At top prod. interval reported below **Same**
 At total depth **same**



14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT 121

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
AXL APACHE N

9. WELL NO.
13 A

10. FIELD AND POOL, OR WILDCAT
BLANCO MESAVERDE

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

SEC. 2, T-25N, R-4W

12. COUNTY OR PARISH
LEA

13. STATE
NM

15. DATE SPUDDED **6-75-80** 16. DATE T.D. REACHED **6-28-80** 17. DATE COMPL. (Ready to prod.) **8-12-80** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____ 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **6316'** 21. PLUG, BACK T.D., MD & TVD **6267'** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **ALL** CABLE TOOLS **NONE**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5477' - 6147' BLANCO MESAVERDE

26. TYPE ELECTRIC AND OTHER LOGS RUN
FDC-GR-Caliper, PDC, SP-165

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36#	287' KB	12 1/4"	230 SX.	47 SX.
7"	23#	4281' KB	8 3/4"	239 SX.	TOT @ 1700'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2"	4097' KB	6300' KB	380		2 3/8"	6104'	

31. PERFORATION RECORD (Interval, size and number)
 5478', 80', 90', 92', 5506', 09', 18', 21', 24', 27', 30', 36', 39', 94', 96', 5610', 14', 5625' w/ 1 JSPP
 5934', 36', 57', 59', 86', 88', 90', 6014', 16', 40', 42', 54', 56', 58', 60', 62', 6144', 46' w/ 1 JSPP

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5478' - 5625'	76,161 gal. gelled fluid & flush; 170,000# 20/40 sd.
5934' - 6146'	76,489 gal. gelled fluid & flush; 170,000# 20/40 sd.

33. PRODUCTION

DATE FIRST PRODUCTION **8-27-80** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **S, T**

DATE OF TEST **8-27-80** HOURS TESTED **24** CHOKE SIZE **3 1/4"** PROD'N. FOR TEST PERIOD **→** OIL—BBL. **—** GAS—MCF. **4641.1** WATER—BBL. **—** GAS-OIL RATIO **—**

FLOW. TUBING PRESS. **276 psi** CASING PRESSURE **840 psi** CALCULATED 24-HOUR RATE **→** OIL—BBL. **—** GAS—MCF. **4641.1** WATER—BBL. **—** OIL GRAVITY-API (CORR.) **—**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Shut-in pending connection** TEST WITNESSED BY **P.W. Giles**

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 **W. A. D. [Signature]** TITLE **Administrative Supervisor** DATE **9-22-1980**

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 38, below regarding separate reports for separate completions.

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:
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	GEOLOGIC MARKERS
Mesa Verde	5476	6150	[Faded text]	Pictured Cliffs Chacra Mesa Verde Mancos	3806 4740 5476 6150