

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		LEASE DESIGNATION AND SERIAL NO. SF-079609																									
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RENVR. ☐ Other _____		IF INDIAN, ALLOTTEE OR TRIBE NAME _____																									
2. NAME OF OPERATOR Union Texas Petroleum Corp.		UNIT AGREEMENT NAME _____																									
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120		FARM OR LEASE NAME McCroden A																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface 1485' FSL & 1660' FWL At top prod. interval reported below At total depth		9. WELL NO. 10																									
14. PERMIT NO. 30-39-24230		10. FIELD AND POOL, OR WILDCAT Basin FRT Coal																									
DATE ISSUED 5-10-93		11. SEC. T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 9-25N-3W																									
15. DATE SPUNDED 4-30-90		12. COUNTY OR PARISH Rio Arriba																									
16. DATE T.D. REACHED 5-11-90		13. STATE NM																									
17. DATE COMPL. (Ready to prod.) 5-10-93		14. ELEVATIONS (DF, RKB, RT, GR, ETC.) 7157' KB																									
18. TOTAL DEPTH, MD & TVD 3837'		19. ELEV. CASINGHEAD 7145' GL																									
20. PLUG, BACK T.D., MD & TVD 3640		21. IF MULTIPLE COMPL. HOW MANY? _____																									
22. INTERVALS DRILLED BY ROTARY TOOLS _____		23. CABLE TOOLS _____																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3556-3598 Fruitland Coal		25. WAS DIRECTIONAL SURVEY MADE _____																									
26. TYPE ELECTRIC AND OTHER LOGS RUN _____		27. WAS WELL CORED _____																									
28. CASING RECORD (Report all strings set in well)																											
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) No flow of gas to measure																											
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 <u>[Signature]</u> TITLE <u>Reg. Permit Coord.</u> DATE <u>5/15/90</u>																											

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

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, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo Kirtland Fruitland Pict. Cliffs Lewis	3320 3381 3497 3602 3722	