

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

~~Consolidated Oil & Gas Inc.~~

3. ADDRESS OF OPERATOR

~~P.O. Box 2011 Farmington, New Mexico~~

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 890 from the south line 1655 from the

At top produced line of Section 11

At total depth

14. PERMIT NO.

RECEIVED
MAR 23 1964
OIL CON. CO.
DIST. 3

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RES, RT, GR, ETC.) 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK, MD & TVD 22. IF MULTIPLE COMPLEMENTS, HOW MANY* 23. INTERVALS DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3538 3544 - 3596 Pictured Cliffs

26. TYPE ELECTRIC AND OTHER LOGS RUN

~~Gamma Ray- Neutron- Collar Log- Depth Control Log.~~

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	32.0	165	15"	100 sz reg. w/2% Ca Cl ₂	
5 1/2"	15.50	3798	7 7/8"	175 sz 50-50 pos mix w/4% gel. 40 sz reg. w/2% Ca Cl ₂	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1" reg.	3522	

31. PERFORATION RECORD (Interval, size and number)

3544-3554 6/rft
3562-3572 6/rft
3580-3588 2/rft
3588-3596 4/rft

total 168 1/2" holes 3544-3596

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3544-3596	Sand water free with 75,000 pounds of sand and 43,000 gallons of water.

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
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DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	WELL STATUS	WATER-OIL RATIO
3/10/64	3	3/4"					Shut In	
CASING PRESSURE	CASING PRESSURE	CASING PRESSURE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
328				4,430				

34. DISPOSITION OF GAS (See well log for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. Radiometric Log, Gamma Ray and Drilling & Completion History records

SIGNED

Thomas M. Bayless Jr.

TITLE

Area Superintendent

DATE

3/16/64

*(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: 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				Pictured Cliffs	3530