## SUBMIT IN DUPLICATE\*

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other in-structions on reverse side)

	Dunger -	-		
5 TEISE	DESIGNATION	AND	SERIAL	NO.

	G	EOL	OGICAL	_SUR\	/EY			_	s	F0 79	035-A
WELL COM	DI FTION	OR I	RECOM	PLETIC	N RE	PORT A	ND	LOG*	6. IF IN	DIAN, ALL	OTTEE OR TRIBE NAME
TYPE OF WELL	OII		GAS WELL	DRY		her			7. UNIT	AGREEME	SMAN TH
TYPE OF COMP	WED	لا ،	WELL EN	1 20	0.						
NEW	WORK DEEL	·- []	PLUG X	DIFF. CESVR.	□ or	ther		<u> </u>	1 I	OR LEAS	
NAME OF OPERATO						750			Bre	eech "	A''
		anv				C		- 42 	<i>1</i> 1		:
ADDRESS OF OPERA	TOR					1	Ś		6	29	OT OR WILDCAT
P.O.	Box 780,	Farr	nington	ı, New	Mex	ico	2_		1		
LOCATION OF WELL	. (Report locatio	n clearly	y and in ac	cordance w	ith any	State requires	menti O		Unc	les Ga	llud ., or block and survey
At surface 660	) from the	: Nor	th and	760 fr	om t	he West	_		OR	AREA	
At top prod. inte	rval reported be	iow Sa	me								
									Se	ec. 9	26N-6W
At total depth of	11170			14. PERM	IIT NO.	D	ATE I	ISSUED	12 co	INTY OB	13. STATE
•										rriba	New Mex
DATE SPUDDED	16, DATE T.D. R	EACHED	17. DATE	COMPL. (R	eady to	prod.) 18.	ELEV	ATIONS (DF, REI	B, RT, CR, ET	(c.) • 19	
			1	9-20-7	5		647	23 DF			6411
TOTAL DEPTH, MD &		G, BACK		vn   22.	IF MULT	IPLE COMPL.,		23. INTERVALS	¥		CABLE TOOLS
6628		6460	)						1 0-6	528	25. WAS DIRECTIONAL
PRODUCING INTER	VAL(S), OF THIS	COMPLE	ETION-TOP,	BOTTOM, N	AME (MI	D AND TVD)*					SURVEY MADE
										1	No
6	390-6448									1 27	WAS WELL CORED
. TYPE ELECTRIC A	ND OTHER LOGS	RUN									
			G L G Y	VC PECOE	D / Pan/	et all strings	set i	n well)	<del>, .</del>	<del></del> -	
CASING SIZE	WEIGHT, LB.	/FT.					-	CEMENTI	NG RECORD		AMOUNT PULLED
	O. Box 780, Farmington, New Mexico  Well (Report location clearly and in accordance with any State requirements)  Well (Report location clearly and in accordance with any State requirements)  10. Interval reported below Same  Pub Same  14. Permit No.  Date Issued  12. COUNTRACT  Parish  Acc. To Reached  17. Date Compl. (Ready to prod.)  18. Elevations (DF, Reb. Rt. Ge, ETC.)  1-4-53  9-20-75  Acc. To Reached  1-4-53  0-662  INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*  CASING RECORD (Report all strings set in well)  CASING RECORD (Report all strings set in well)  22. WEIGHT, LB./FT. DEPTH SET (MD)  Acc. To Reached  CASING RECORD (Report all strings set in well)  23. To Supply the Record of		None								
3/4"											
7 11								<u> </u>			
	_										
9.		LINER	R RECORD								
SIZE	TOP (MD)	BOTTO	ом (мр)			SCREEN (M	D)		I		PACKER SET (MD
5 1/2"	6479	66	27	51	0			<u>- 1 1/4</u> '		6395	
		1	- number		!	1 02	Α.	TO SHOT FR	ACTURE. C	EMENT S	QUEEZE, ETC.
											OF MATERIAL USED
390-6400	40 hole	3 S	• '	41 dia					28 13	0# 20	-40 Sand
414-6424	40 hole	e <b>s</b>		41 dia		0391	<u> </u>	440			bls. water -
411-0161											
438-6448	40 hole	e s		41 dia							
33.•	· — · — · · · · · · · · · · · · · · · ·					DUCTION					(District on
DATE FIRST PRODUC	TION PRO	DUCTION	METHOD (	Flowing, g	as lift, p	umping—size	and	type of pump)		well si shut-i	·
9-30-75	_			Flowi						ER-BBL.	Shut in
ATE OF TEST	HOURS TESTE	D C	CHOKE SIZE		N. FOR PERIOD	OIL—BBL.		GAS-MCF.		≈ <del></del> 660.	4.5 5.6 4.4.5
9-30-75	3 hr		3/4"		<del>&gt;</del>	Trace	-MCF	32 WA	TER-BBL.	1 0	IL GRAVITY-API (COBR.)
PLOW, TUBING PRESS.	i		CALCULATED 24-HOUR RAT	ort—	DØL.	1					
6 34. DISPOSITION OF	350	for fuel	vented etc	,		25	) )		TEST	WITNESS	BD BY
54. DISPOSITION OF	UAS (13010, 14850)	or juce,	20,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
35. LIST OF ATTAC		nted									
38. I hereby certif	y that the foreg	oing an	d attached	information	n is com	plete and cor	rect	as determined f	rom all av	ailable rec	cords
										DATE	10 1 75
SIGNED	indle.	<u>~(</u>	<u> 12000</u>	LC TI	TLE	Superin	uen	<u>ueni</u>		DATE	

## NSTRUCTIONS

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. or Federal office for specific instructions. Consult local State

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

Item 29: "Nacks Coment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Hem 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. Hems 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,

33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

6390 6448	FORMATION	TOP	воттом	-	DESCRIPTION, CONTENTS, ETC.	NTS, ETC.		V AN A	-	TOP	
	.2 2 1 1 1 1 1 1	6390	6448				·		.		TRUE VERT. DEPTH
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