

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

FOR APPROVED
OMB NO. 1004-0137
EXEMPT CATEGORY 1, 1991

LEASE DESIGNATION AND SERIAL

SF-079265

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DEW ☐ OTHER ☐ 55 000 10

2. TYPE OF COMPLETION:

NEW WELL ☐ WIRE ☐ DEEP ☐ FLES ☐ DIFF ☐ OTHER ☒ 010 175 100 100

3. NAME OF OPERATOR

Meridian Oil Inc

4. ADDRESS AND TELEPHONE NO.

PO Box 4289, Farmington, NM 87499 (505) 326-9700

5. LOCATION OF WELL (Report location clearly and in accordance with any state requirements)*

At surface 1710'FNL, 860'FEL

At top prod. interval reported below

At total depth

DHC R-10239

14. PERMIT NO.

DATE ISSUED

Sec. 33, T-26-N, R-6

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

15. DATE SPUDDED

7-21-79

16. DATE T.D. REACHED

8-3-79

17. DATE COMPL. (Ready to prod.)

6-25-95

18. ELEVATIONS (DP, ANN. ST. OR ETC.)*

6761 GR

19. TOTAL DEPTH, MD & TVD

7601

20. PLUG BACK T.D., MD & TVD

7574

21. INTERVALS COMPLETED (ROW, NAME)

22. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TO

0-7601

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

15 AUG - 3 1500

24. WAS DRILLING SUSTAINING MA

6453-6548 Gallup

25. TYPE ELECTRIC AND OTHER LOGS RUN

CBL-CCL-GR, Dipole Sonic,

OIL CON. DIV.
DIST. 3

26. WAS WELL CLOG

No

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

CASING SIZE/GRADE	WEIGHT, LB/FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT P
9 5/8	36#	222	13 3/4	224 cu.ft. 54	
4 1/2	10.5#	7601	8 3/4 & 7 7/8	1415 cu.ft. 54	

28. LINE RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKED OFF
					2 3/8	5255	CIRD @ 7000

29. PERFORATION RECORD (Interval, size and number)

6453, 6477, 6490, 6507, 6540, 6544, 6548

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL OR
6453-6548	513 bbl 30# linear gel
	18,300# 20/40 DC sd

See back for squeezes

31. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS	
6-25-95		Flowing					SI	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD. FOR TEST PERIOD	OIL—GAL.	GAS—MCF.	WATER—GAL.	GAS—GAL. BAR	
6-25-95			→		1100 Pitot Gauge			
FLOW, TUBING PERIOD	CASING PRODUCTION	CALCULATED 24-HOUR RATE	OIL—GAL.	GAS—MCF.	WATER—GAL.	OIL GRADUATED—GAL.		
SI 993	SI 993	→				ADDITIONAL DATA FOR RECORD		

32. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold

33. LIST OF ATTACHMENTS

None

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED

[Signature]

TITLE Regulatory Affairs

By

*(See instructions and spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

ACCEPTED FOR RECORD

JUL 31 1995

FARMINGTON DISTRICT OFFICE-95

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	NAME	MEAS. DEPTH
		P.C.	2920'
		M.V.	4560'
		P.L.	5148'
		Gallup	6316'
		G.H.	7092'
		Graneros	7148'
		Dakota	7288'