Form 9-330
(Rev. 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: SF079162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: --

7. UNIT AGREEMENT NAME: --

8. FARM OR LEASE NAME: Burns Federal

9. WELL NO.: 1M

10. FIELD AND POOL, OR WILDCAT: Blanco MV / Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 5-T26N-R7W

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mexico

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: DEPCO, Inc.

3. ADDRESS OF OPERATOR: 1000 Petroleum Building--Denver, CO 80202

4. LOCATION OF WELL (*Report location clearly and in accordance with any state requirements*)*
At surface: 1490' FSL, 730' FEL (NE/4 - SE/4)
At top prod. interval reported below: Same
At total depth: Same

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14. PERMIT NO.: 30-039-22393 DATE ISSUED: 6-5-80

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
6-26-80	7-10-80	10-6-80	6067' GR 6080' KB	6069'

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
6912' KB	6830' KB	MV/Graneros-Dak.	→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4504-4580' KB Point Lookout (M.V.)
6556-6110' KB Graneros 6641-6796' KB Dakota

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN
DIL - SFL; CNL-FDC w/GR & Caliper

27. WAS WELL CORED: No

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"	24# ST&C	307' KB	12-1/4"	200 sx - 3% CaCl2	None
5-1/2"	15.5# ST&C	6888' KB	7-7/8"	1st stage - 350 sx	None
				2nd stage - 300 sx	
				3rd stage - 500 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1-1/2"	6756' KB	4730' KB
1-1/4"	4555' KB	

31. PERFORATION RECORD (*Interval, size and number*)
4504-30' KB 2 JSPF
4562-80' KB 2 JSPF
6556-62' KB 2 JSPF
6604-10' KB 2 JSPF
6641-52' KB 2 JSPF
6685-6703' KB 2 JSPF
6725-30' KB 2 JSPF
6765-96' KB 2 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6641-6796'	2650 Gas Acid, 145,000# 20/40 s
6556-6610'	200 gal acid, 25,000# 20/40 sd
4504-4580'	400 gas acid, 96,000# 20/40 sd

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
10-13-80	Flowing	SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-20-80				-	144.25 (MV)	-	-
10-13-80	3	3/4"		0	93.29 (D)	-	-

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
81 psig	470		-	1154 (MV)	-	-
48 psig	-		-	747 (Dak)		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)
Waiting on pipeline connection

TEST WITNESSED BY: F. P. Crum, Jr.

35. LIST OF ATTACHMENTS
Single Point Back Pressure Test

ACCEPTED FOR RECORD
NOV 20 1980
FARMINGTON DISTRICT
BY

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

SIGNED W. L. Schwieso TITLE Prod. Supt. - So. Rockies DATE 10/30/80

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Ojo Alamo	1193'	1574'	Ss - Water
Pictured Cliffs	2204'	2274'	Ss - Gas, Sw - 60%
Chacra	3186'	3206'	Ss - Gas, Sw - 40%
Point Lookout	4502'	4637'	Ss - Gas, Sw - 50 to 60%
Greenhorn	6454'	6498'	Ss - Gas, Sw - 70%
Dakota	6642'	6814'	Ss - Gas, Sw - 50 to 60%
			No tests or cores taken

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Ojo Alamo	1193'	
Pictured Cliffs	2202'	2202'
Lewis	2280'	2280'
Chacra	3106'	3106'
Cliff House	3900'	3900'
Point Lookout	4496'	4496'
Gallegos	5848'	5848'
Greenhorn	6440'	6440'
Graneros	6550'	6550'
Dakota	6640'	6640'

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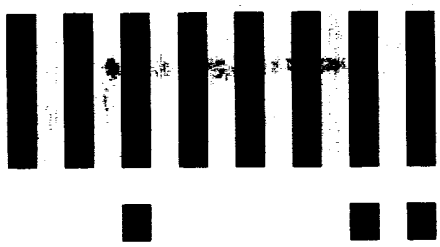

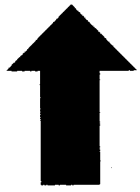

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Job separation sheet

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator
DEPCO, Inc.

Address
1000 Petroleum Building -- Denver, CO 80202

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Burns Federal		1M	Basin Dakota	~~State~~, Federal ~~Fee~~

Location
Unit Letter I : 1490 Feet From The South Line and 730 Feet From The East

Line of Section 5 Township 26N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Plateau Inc.
Address *(Give address to which approved copy of this form is to be sent)*
501 Airport Drive, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
Gas Company of New Mexico
Address *(Give address to which approved copy of this form is to be sent)*
Box 1692, Albuquerque, NM 87103

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	5	26N	7W	No	-

If this production is commingled with that from any other lease or pool, give commingling order number: -

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-26-80	10-6-80	6912' KB	6830' KB
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6067' GR, 6080' KB	Dakota	6556' KB	6756' KB
Perforations			**Depth Casing Shoe**
6556-62', 6604-10', 6641-52', 6685-6703', 6725-30', 6765-96'			6888' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	307' KB	200 sx
7-7/8"	5-1/2"	6888' KB	1150 sx (3-stage)
	1-1/2"	6756' KB	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
747	3 hr	-	-
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back Pressure	48 psig	Behind Pkr	3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. L. Schwenn
(Signature)

Production Superintendent - Southern Rockies
(Title)

November 11, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1980, 19 ____

Original Signed by FRANK T. CHAVEZ

BY _____
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple