

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-011639	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CURTIS J. LITTLE		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2487 Farmington, NM 87401		8. FARM OR LEASE NAME Warren	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 820'FSL and 1110'FEL At top prod. interval reported below same At total depth same		9. WELL NO. #2	
10. FIELD AND POOL, OR WILDCAT Ballard-Pictured Cliffs		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec: 5-T25N-R7W	
12. COUNTY OR PARISH Rio Arriba		13. STATE N.M.	
14. PERMIT NO. _____ DATE ISSUED _____		15. DATE SPULDED 9-8-81	
16. DATE T.D. REACHED 9-13-81		17. DATE COMPL. (Ready to prod.) 10-9-81	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6413-GR		19. ELEV. CASINGHEAD 6413'	
20. TOTAL DEPTH, MD & TVD 2346		21. PLUG, BACK T.D., MD & TVD 2325'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2210-88 Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES GR-Density		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7	20#	127	9-7/8
2-7/8	6.4#	2347	5-1/4
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
	none		
31. PERFORATION RECORD (Interval, size and number)			
2210, 12, 14, 16, 18, 20, 22, 24, 34, 38, 40, 47, 49, 54, 56, 58, 60, 62, 64, 66, 72, 74, 76, 78, 80, 82, 84, 86, 88. Pictured Cliffs			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2216-88		Pumped 400 gal 7 1/2% acid, 50 ball sealers, FRAC w/60,000 gals, 90,000 # sd & 670 MCF Nitrogen.	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 10-9-91		WELL STATUS (Producing or shut-in) Shut-in WOPL	
HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL. -
FLOW. TUBING PRESS. 98	CASING PRESSURE 98	CALCULATED 24-HOUR RATE →	GAS—MCF. 55
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) -vented-		TEST WITNESSED BY Joe Elledge	
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 Curtis J. Little		TITLE Operator	
DATE 10-7-81			

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

NM002

Sma

**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 38, below regarding separate reports for separate completions.

tion 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 10: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in 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.

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

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

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