

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. SF-078475	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Merrion & Bayless		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 1541, Farmington, New Mexico 87401		8. LEASE OR LEASE NAME Stephenson	
4. LOCATION OF WELL (Report location clearly and in accordance with requirements) At surface 1650' FN + EL At top prod. interval reported below Same At total depth Same		9. WELL NO. #1	
10. FIELD AND POOL, OR WILDCAT GEOLOGICAL SURVEY designated FARMINGTON, N. M.		11. SECTION, R., M., OR BLOCK AND SURVEY OR AREA 17-25N-8W	
14. PERMIT NO. OIL CON. COM. DIST. 3		12. COUNTY OR TERRITORY San Juan	
DATE ISSUED _____		13. STATE New Mexico	
15. DATE SPUNDED 6-14-73	16. DATE T.D. REACHED 6-23-73	17. DATE COMPLETED (Ready to produce) 6-23-73	18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 6452 GL 6463 KB
19. ELEV. CASING HEAD 6462		20. TOTAL DEPTH, MD & TVD 6698 KB	
21. PLUG BACK T.D., MD & TVD 6300 KB		22. IF MULTIPLE COMPLET., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Gallup 5465-5500, 5530-5552, 5580-5610, 5644-5710, 5752-5818, 5926-5940	
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN _____	
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
9 5/8		202	11	150 sax	none
5 1/2		6705	8 3/4	410 sax	none

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2 3/8	6200	none

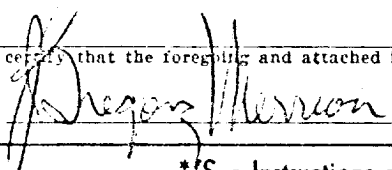
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5465-5500 - 17 holes	5926-40 - 7 holes	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5530-5552 - 11 holes	X holes	5465-5940	SWT WITH 10,000 GAL 3% HCL
5580-5610 - 15 holes			Gelled water & 147,000"
5644-5710 - 33 holes			20-40 sand @ 31 BPM & 2500 psi.
5752-5818 - 33 holes			

33.* PRODUCTION							
DATE FIRST PRODUCTION 6-23-73		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swab				WELL STATUS (Producing or Producing)	
DATE OF TEST 7-3-73	HOURS TESTED 24	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →	OIL—BBL. 35	GAS—MCF. 12	WATER—BBL. tr	GAS-OIL RATIO 343-1
FLOW. TUBING PRESS. 30	CASING PRESSURE 30	CALCULATED 24-HOUR RATE →	OIL—BBL. 35	GAS—MCF. 12	WATER—BBL. tr	OIL GRAVITY-API (CORR.) 40	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						TEST WITNESSED BY Merle Hilschesser	

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



TITLE

Operator

DATE

3-20-74

*(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 FORMER ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION (SID. TIME TOOL, CHN. FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOOL
					MEAS. DEPTH TRUE VERT. DEPTH
			Same as when originally drilled.		

