

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

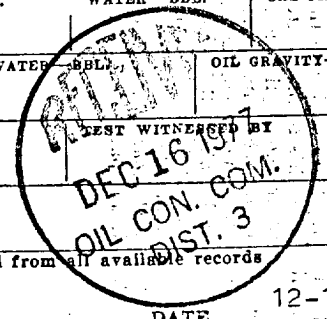
(See other instructions on reverse side)

Budget Bureau No. 40-10000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5211 N00-C-14-20-5210	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTED OR TRIBE NAME _____	
2. NAME OF OPERATOR Oklahoma Oil Company				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Suite 1120, One Energy Square, Dallas, Texas 75206				8. FARM OR LEASE NAME Navajo 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' FSL & 1850' FWL At top prod. interval reported below same At total depth same				9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 6, T25N, R11W	
				12. COUNTY OR PARISH San Juan	
				13. STATE New Mexico	
15. DATE SPUDDED 12-1-77	16. DATE T.D. REACHED 12-9-77	17. DATE COMPL. (Ready to prod.) P & A 12-12-77	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6231 GL	19. ELEV. CASINGHEAD 6231	
20. TOTAL DEPTH, MD & TVD 5800'	21. PLUG, BACK T.D., MD & TVD surface	22. IF MULTIPLE COMPL., HOW MANY* →	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-5800'	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* P & A				25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-CNL, 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	265	12 1/4	250 sacks class "B" + 2%	CaCl ₂ none
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
N/A					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
N/A					
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL (MD)		
			N/A		
			AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) P & A 12-12-77			WELL STATUS (Producing or shut-in) P & A
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
			→		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
		→			
84. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
85. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>John Alexander</u>		TITLE <u>Agent</u>		DATE <u>12-13-77</u>	

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



INSTRU

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 new 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, shall be 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.), formations 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 33.

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 13: 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 FOKOUS 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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliff	1150	1150
				Mesa Verde	1540	1540
				Mancos	3830	3830
				Gallup	4670	4670
				Dakota	5730	5730
				TD	5800	5800