

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)FOR APPROVED
OMB NO. 1004-0137
Expires December 31, 19915. NAME, DESIGNATION AND SERIAL NO.
Jicarilla Contract 956. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO.
Jicarilla 95 #3A

9. API WELL NO.

30-039-21166

10. FIELD AND POOL, OR WILDCAT

Gavilan PC/Blanco MV

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 35, T-27N, R-3W

12. COUNTY OR
PARISH

Rio Arriba

13. STATE

NM

1a. TYPE OF WELL:

OIL
WELL ☐GAS
WELL ☒DRY ☐OTHER ☐

b. TYPE OF COMPLETION:

NEW
WELL ☐WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DIFF.
CENVR ☒Other ☐

2. NAME OF OPERATOR

Meridian Oil Inc

3. ADDRESS AND TELEPHONE NO.

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

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

At surface 990' FNL 990' FWL

At top prod. interval reported below

At total depth

DHC-986

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

1-11-76

16. DATE T.D. REACHED

1-26-76

17. DATE COMPL. (Ready to prod.)

4-23-94

18. ELEVATIONS (OF, RKB, RT, GR, ETC.)*

7304 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6350

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

22. IF MULTIPLE COMPL.,
HOW MANY*

2

23. INTERVALS
DRILLED BY

Rotary

ROTARY TOOLS

CABLE TOOLS

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

3889-4020 Pictured Cliffs

DHC w/Mesaverde

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-CBL-CCL

27. WAS WELL CORED

No

28.

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 PULLED
8 5/8	20.0#	333	12 1/4	225 SX	
4 1/2	11.60# & 10.50	6350	7 7/8	1880 SX	

29.

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	6143	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

3889-4020

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3889-4020	175,000# 20/40 sd 527 bbl flu

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				ST	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
4-23-94	3		→				
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
	SICP 537	→		600			

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

To be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

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

SIGNED

TITLE

Regulatory Affairs

DATE

7-18-94

*(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 the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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 38, 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	MEAN DEPTH TRUE VERT. DEPTH
Shale Sand & Shale	0	Pictured Cliff Lewis Shale Mesa Verde Manefee Point Lookout Hancos Shale	3950
	1733		4037
			5720
			5796
			6106
			6257

See Daily Drilling Summary

1733
6350

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