

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 _____		
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 _____
2. NAME OF OPERATOR CONSOLIDATED OIL & GAS INC.						5. LEASE DESIGNATION AND SERIAL NO. SF 079107	
3. ADDRESS OF OPERATOR P.O. BOX 2038 FARMINGTON, NEW MEXICO 874101						7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1550' FUL & 1450' FEL At top prod. interval reported below SEC 22 T26N R7W At total depth						9. WELL NO. 1-E	
14. PERMIT NO.						12. COUNTY OR PARISH Rio Arriba	
DATE ISSUED						13. STATE N.M.	
15. DATE SPUNDED 10-6-79		16. DATE T.D. REACHED 10-23-79		17. DATE COMPL. (Ready to prod.) 11-22-79		18. ELEVATIONS (DF, ENB, RT, GR, ETC.)* 6928' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 7541		21. PLUG BACK T.D., MD & TVD 7513		22. IF MULTIPLE COMPL., HOW MANY* 2	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7354 - 7493 Dakota		25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN IND/GK CNL/CDL	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		24#		370'		12-1/4"	
5-1/2"		15.5#		7500'		7-7/8"	
1 DV TOOL		5605'				365 S::	
29. LINER RECORD		30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
1-1/2		6453'		7320'			
1-1/4		5382'					
31. PERFORATION RECORD (Interval, size and number) 7354 - 7493				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
7354 - 7493				700 G. acid & 80,000 G. X-link gel & 105,000# sand. 20-40			
33.* PRODUCTION							
DATE FIRST PRODUCTION 12-13-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) FLOW		WELL STATUS (Producing or shut-in) S.I.			
DATE OF TEST 12-13-79		HOURS TESTED 3HRS.		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL. 901	
GAS—MCF.		OIL—BBL.		GAS—MCF.		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY TEFTELLER					
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 <u>Veryl Moore</u>		TITLE <u>PROD. SUPT.</u>		DATE <u>5-7-80</u>			

*(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 report 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 32.

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 DAILY-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	
			NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
PICTURE CLIFF	3026			
MESA VERDE	4503			
CLIFFHOUSE	4557			
MENEFEE	4701			
POINTLOOKOUT	5245			
GALLUP	6374			
GREENHORN	7242			
DAKOTA	7352			