

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FOR APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. SF-078135	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. CONVR. ☒ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Meridian Oil Inc		7. UNIT AGREEMENT NAME Huerfanito Unit	
3. ADDRESS AND TELEPHONE NO. PO Box 4289, Farmington, NM 87499 (505) 326-9700		8. FARM OR LEASE NAME, WELL NO. Huerfanito Unit #103	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FSL, 1650' FWL At top prod. interval reported below At total depth		9. API WELL NO. 30-045-11704	
14. PERMIT NO. DATE ISSUED OIL COM. DIST. 8 APR 18 1996		10. FIELD AND POOL, OR WILDCAT Ballard PC/Basin DK	
15. DATE SPUDDED 6-6-66		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 3, T-26-N, R-9-W	
16. DATE T.D. REACHED 6-19-66		12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 3-1-96		13. STATE NM	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6319 GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 6753		21. PLUG BACK T.D., MD & TVD CIBP @ 2180	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-6753	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2081-2119 Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL-VDL, CCL-GR		27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8	24#	322	12 1/4
4 1/2	10.5#	6753	7 7/8
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	2103	CIBP @ 2180	
31. PERFORATION RECORD (Interval, size and number) 2081, 2085, 2089, 2095, 2099, 2103, 2107, 2111, 2115, 2119			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2081-2119		460 bbl 30# linear gel	
		90,380# 20/40 Arizona sd	
		406,000 SCF N2	
33. PRODUCTION			
DATE FIRST PRODUCTION 3-1-96		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 3-1-96		WELL STATUS (Producing or shut-in) SI	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.
			GAS—MCF.
			WATER—BSL.
			GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	168 Pitot Gauge
SI 145	SI 145		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold			
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 <i>[Signature]</i>		TITLE Regulatory Administrator	
		FARMINGTON DISTRICT OFFICE	

*(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.

NMCO

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 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

INFORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38.	NAME	CL	MRS	TOP
		DEPTH	DEPTH						DEPTH
		2070		Fractured Cliffs					2070
		2120		Lewis					2120
		3593		Cliff House					3593
				Point Lookout					
				Mancos					
				Gallup					
				Greenhorn					
				Graneros					
				Dakota					