

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.1.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. BM 04208	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		8. FARM OR LEASE NAME McCulley	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790'S, 1460'E At top prod. interval reported below At total depth		9. WELL NO. 7	
14. PERMIT NO.		DATE ISSUED JUL 1 1968	
15. DATE SPUNDED 5-17-68		16. DATE T.D. REACHED 6-11-68	
17. DATE COMPL. (Ready to prod.) 7-5-68		18. ELEVATIONS (DF, RNB, RT, GR, ETC.)* 6111' GL	
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Aztec Pictured Cliffs	
20. TOTAL DEPTH, MD & TVD 2511'		21. PLUG, BACK T.D., MD & TVD 2501'	
22. IF MULTIPLE COMPL., HOW MANY?		23. INTERVALS DRILLED BY 0-2511'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* 2438 - 78' (Pictured Cliffs)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN I-EL, GDC, Temperature Survey		27. WAS WELL CORED No	
23. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	137'	12 1/4"
2 7/8"	6.4#	2511'	6 3/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOF (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)		SIZE	DEPTH SET (MD)
PACKER SET (MD)		Tubingless Completion	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2438-48, 2456-78' w/20 SPZ		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	
		2438-2478 35,000 gal. water, 35,000# sand	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)	
		Flowing	
WELL STATUS (Producing or shut-in)			
Shut In			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
7-5-68	3	3/4"	
FLOW TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.
	SI 714		2669 MCF/D
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
		E. J. Broughton	
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
Original signed by			
SIGNED Carl E. Matthews TITLE Petroleum Engineer DATE 7-11-68			

*(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 wells 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, for a well, for a lease, for a local, area, or regional jurisdiction, and for a Federal agency, are shown below or will be issued by 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 WILDCOP, CURED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TUBE TOOL OPEN, FLOWING AND SHUT IN PRESSURE, AND RECOVERIES			GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Fractured Cliffs	2442	