(Rev. 5-63)		UNITED S	STATES	SUBMI	T IN DUPLIC	CATE*	Form a	pproved. Bureau No. 42R355.5.,/		
		MENT OF		TERIOR	รายน	other in-		ON AND SERIAL NO.		
	G	EOLOGICAI	L SURVEY	<i>'</i>	reve	ise side)	077123			
WFII CC	OMPLETION (OR RECOM	PI FTION	REPORT A	AND LO	B ID		TTEE OR TRIBE NAME		
a. TYPE OF WE	ELL: OIL	GAS WELL W					T AGREEMEN	r NaMb		
b. TYPE OF COL	WELL MPLETION:	WELL WELL	DRY	Other			I AUNELSIEN	11/3/9/22		
WELL X	WORK DEEP-	PLUG BACK	DIFF. RESVR.	Other		8. FAR	M OR LEASE	NAME		
2. NAME OF OPER							Warren 9. WELL NO.			
EL Paso Na	tural Gas Con	mery		RE	CEIV	9. WEI	LL NO.			
Box 990, F	armington. Ne	w Mexico -	87401.				ELD AND POO	L, OR WILDCAT		
4. LOCATION OF W At surface	ermington, Ne	-	endance with an	y State require	1 (t 8) *			ared Cliffs		
	1590'N, 1		11/6			OR	C., T., R., M.,	OR BLOCK AND SURVE?		
At top prod. in	nterval reported below	" / NEU!	11.50/	U. S.,	GEOLOGIEA!	Sec		!-28-N, R-9-W		
At total depth		J U) 1	5 1000				и.Р.М.			
			OF THE SALE NA	, I	ATE ISSUED	PA	UNTY OR RISH	13. STATE		
5. DATE SPUDDED	16. DATE T.D. REA	CHE 17. DATE	Los COMeagy t	to pred.) 18.	ELEVATIONS (DF, RKB, RT, GR, ET	1 Juan (C.)* 19.	New Maxic		
5-16-68	6-8-68	DIST	73-68		,	58481 GL				
O. FOTAL DEPTH, MI		BACK T.D., MD & TH	22, IF MUL HOW M	TIPLE COMPL.,	23. INT	LLED BY	Y TOOLS	CABLE TOOLS		
2;322 '	ERVAL(S), OF THIS CO	2312'	BOTTOM, NAME (MD ASD TVD)*	***	- > ○ ·	- 2322'	. WAS DIRECTIONAL		
			7011031, 133111 (1				-	SURVEY MADE		
2210 - 226	2' (Pictured	Cliffs)						No		
	AND OTHER LOGS RU						27. W	AS WELL CORED		
I-ES, FDC/	GR, Temp. Sur		G RECORD (Rep	nent ell atringe	not in anall)			No		
CASING SIZE	WEIGHT, LB./FT			OLE SIZE		MENTING RECORD		AMOUNT PULLED		
8 5/8"	24#	128'	12	1/4"	95 Sks	•				
2 7/8"	6.4#	2322'	6	3/4"	1.65 Sk	B •				
).	LI	NER RECORD			30.	TUBING	RECORD	9		
SIZE	TOP MD) B	SOTTOH (MD) S.	ACKS CEMENT*	SCREEN (MD) SIZE	DEPTH S	ET (MD)	PACKER SET (MD)		
					Tubing	Less Comple	tion			
, PERFORATION RI	ECORD (Interval, size	and number		32,	ACID, SHOT	, FRACTURE, CE	MENT SQU	EEZE, ETC.		
2210-25, 2	DEPTH INTERVAL (MD) AMO			OUNT AND KIND OF MATERIAL USED						
	•			2:210-22	62	35,000 gal	L. water	, 35,000 # BUN		
				DECTION						
			PROI							
	TION PRODUCT	FION METHOD (Fle			na type of pu	np)	shut-in)	(Producing or		
TH FIRST PRODUC	TION PRODUCT	Flowing CHOKE SIZE			na type of pu		shut-in) Shut In			
TI FIRST PRODUC		Flowing	wing, gas lift, po	umping—size a			shut-in) Shut In			
TI FIRST PRODUC		Flowing CHOKE SIZE	wing, gas lift, po	umping—size a	GASM		Shut In			
THE FIRST PRODUCT THE OF TEST 7-5-68 OW. TUBING PRESS.	HOURS TESTED 3 CASING PRESSURE SI 592	CHOKE SIZE 3/4" CALCULATED 24-HOUR BATE	PROD'N. FOR TEST PERIOD	OI).—BHI	GASM	CF. WATER WATER-BEL.	Shut-in) Shut In BBL. Otl GI	GAB-OIL RATIO		
THE FIRST PRODUCT THE OF TEST 7-5-68 OW. TUBING PRESS.	HOURS TESTED 3 CASING PRESSURE	CHOKE SIZE 3/4" CALCULATED 24-HOUR BATE	PROD'N. FOR TEST PERIOD	OI).—BHI	GAS——U	WATER—BEL.	Shut-in) Shut In BBL. OIL GI	GAS-OIL RATIO		
THE FIRST PRODUCT. THE OF TEST 7-5-68 OW. TUBING PRESS. DISPOSITION OF	HOURS TESTED 3 CASING PRESSURE SI 592 GAS (Sold, used for fu	CHOKE SIZE 3/4" CALCULATED 24-HOUR BATE	PROD'N. FOR TEST PERIOD	OI).—BHI	GAS——U	WATER—BEL.	Shut-in) Shut In BBL. Otl GI	GAS-OIL RATIO		
OW. TUBING PRESS, DISPOSITION OF LIST OF ATTACE	HOURS TESTED 3 CASING PRESSURE SI 592 GAS (Sold, used for fu	CHOKE SIZE 3/4" CALCULATED 24-HOUR BATE cl, veuted, etc.)	PROD'N. FOR TEST PERIOD	01).—BBL. GAS-M	GASM	WATER—BEL. TEST W B.	Shut In BBL. OIL GI VITNESSED BY S. Broug	GAS-OIL RATIO		
THE FIRST PRODUCTED THE OF TEST 7-5-68 OW. TURING PRESS. DISPOSITION OF	HOURS TESTED 3 CASING PRESSURE SI 592 GAS (Sold, used for fu	CHOKE SIZE 3/4" CALCULATED 24-HOUR BATE cl, veuted, etc.)	PROD'N. FOR TEST PERIOD	01).—BBL. GAS-M	GASM	WATER—BEL. TEST W B.	Shut In BBL. OIL GI VITNESSED BY S. Broug	GAS-OIL RATIO		

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 pertunent to such interval.

Item 29: "Nacks Coment: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Hem 33 Squarit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

CORMATION	Pot	ROTTOM		DESCRIPTION CONTENTS, ETC				Top	
	* "	!				NAME		MEAS. DEPTH TRUE VERT. D	
						i: II			
						Fictured C.	liffs	2206	
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