

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

6. INDIAN, ALLOTTEE OR TRIBE NAME
NO 03603-A

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hammond

9. WELL NO.
49

10. FIELD AND POOL, OR WILDCAT
Do. Do. Do. P.C. wildcat Chacra

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA
NW/4 Sec. 35, T27N, R8W NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY OTHER **RECEIVED**

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other **JAN 27 1969**

2. NAME OF OPERATOR
William C. Russell

3. ADDRESS OF OPERATOR
U. S. GEOLOGICAL SURVEY WASHINGTON, D. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
1775 Broadway, New York, N. Y. 10019

At surface

At top prod. interval reported below

At total depth

same same

15. DATE SPUDDED **12-8-68** 16. DATE T.D. REACHED **12-15-68** 17. DATE COMPL. (Ready to prod.) **12-18-68** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6127 RKB** 19. ELEV. CASINGHEAD **6116**

20. TOTAL DEPTH, MD & TVD **3350 TVD** 21. PLUG, BACK T.D., MD & TVD **3316 TVD** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY **rotary** ROTARY TOOLS **rotary** CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Chacra-lower zone-TVD top 3145, bottom 3180 25. WAS DIRECTIONAL SURVEY MADE **no**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray-Neutron 27. WAS WELL CORED **no**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	165	12 1/4	165 sacks	circulated
4 1/2	10.5	3349	6 3/4	250 sacks	top 1570'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	3151	2250

31. PERFORATION RECORD (Interval, size and number)

Pictured Cliffs 2210-16, 2222-32
Chacra 3145-53, 3172-82

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

DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED
Pictured Cliffs sand-water frac 80,000gals, 75,000# 10-20 sand
Chacra sand-water frac, 40,000gals 30,000# 10-20 sand

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)
awaiting connection shut-in

DATE OF TEST HOURS TESTED CHOKER SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

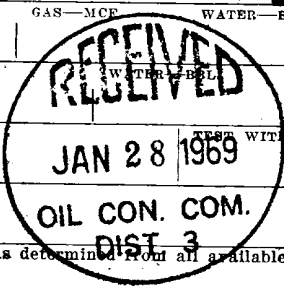
FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)

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

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 **William C. Russell** TITLE **Operator** DATE **1-21-69**



*(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 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: *Sacag 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.)



FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS	
						MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	2210MB	2240		blanket sand			
Chacra	3145 MB	3160		sand stringers			