

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 ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. MI 03549	
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 - 87401		8. FARM OR LEASE NAME Florence C	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 950'S, 1700'E At top prod. interval reported below At total depth		9. WELL NO. 14	
14. PERMIT NO.		DATE ISSUED MAY 9 1969	
15. DATE SPUDDED 4-7-69		16. DATE T.D. REACHED 4-13-69	
17. DATE COMPL. (Ready to prod.) 4-30-69		18. ELEVATIONS (DF, REB, BT, OR, ETC.)* 5877' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 2295'	
21. PLUG, BACK T.D., MD & TVD 2284'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-2295'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2190 - 2233' (Pictured Cliffs)	
25. TYPE ELECTRIC AND OTHER LOGS RUN I-EL, GDC, Temp. Survey		26. WAS WELL CORRED No	
27. CASING RECORD (Report all strings set in well)		28. WAS DIRECTIONAL SURVEY MADE No	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 2190-95, 2221-33' w/20 SPZ		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 2190-2233 AMOUNT AND KIND OF MATERIAL USED 30,030 gal. water, 30,000# sand	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION		TEST WITNESSED BY B. J. Broughton	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		35. LIST OF ATTACHMENTS	
WELL STATUS (Producing or shut-in) Shut In		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE OF TEST 4-30-69		SIGNED Original Signed F. H. WOOD	
HOURS TESTED 3		TITLE Petroleum Engineer	
CHOKE SIZE 3/4"		DATE 5-5-69	
PROD'N. FOR TEST PERIOD 1662 MCF/D - A.O.F.			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
GAS-OIL RATIO			
FLOW. TUBING PRESS.			
CASING PRESSURE 81 835			
CALCULATED 24-HOUR RATE 1662 MCF/D - A.O.F.			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
OIL GRAVITY-APT (CORR.)			

*(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 38, 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

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Fractured Cliffs	2190'	