

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☒		DRY ☐		Other _____																																																																																																
b. TYPE OF COMPLETION:																																																																																																								
NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐		DIFF. RESVR. ☐		Other _____																																																																																														
2. NAME OF OPERATOR																																																																																																								
El Paso Natural Gas Company																																																																																																								
3. ADDRESS OF OPERATOR																																																																																																								
Box 990, Farmington, New Mexico 87401																																																																																																								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)																																																																																																								
At surface 800°S, 1780°E																																																																																																								
At top prod. interval reported below																																																																																																								
At total depth																																																																																																								
14. PERMIT NO.					DATE ISSUED																																																																																																			
15. DATE SPUDDED					16. DATE T.D. REACHED					17. DATE COMPL. (Ready to prod.)					18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*					19. ELEV. CASINGHEAD																																																																																				
5-10-71					5-22-71					6-3-71					6561' GI																																																																																									
20. TOTAL DEPTH, MD & TVD					21. PLUG, BACK T.D., MD & TVD					22. IF MULTIPLE COMPL., HOW MANY*					23. INTERVALS DRILLED BY					ROTARY TOOLS					CABLE TOOLS																																																																															
6964'					6929'															0-6964'																																																																																				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*																				25. WAS DIRECTIONAL SURVEY MADE																																																																																				
6722 - 6888' (Dakota)																				No																																																																																				
26. TYPE ELECTRIC AND OTHER LOGS RUN																				27. WAS WELL CORED																																																																																				
IND-EL, Density, Temp. Survey																				No																																																																																				
28. CASING RECORD (Report all strings set in well)																																																																																																								
CASING SIZE						WEIGHT, LB./FT.						DEPTH SET (MD)						HOLE SIZE						CEMENTING RECORD																																																																																
8 5/8"						24#						212'						12 1/4"						150 Sks.																																																																																
4 1/2"						10.5#						6964'						7 7/8"						690 Sks.																																																																																
29. LINER RECORD															30. TUBING RECORD																																																																																									
SIZE			TOP (MD)			BOTTOM (MD)			SACKS CEMENT*			SCREEN (MD)			SIZE			DEPTH SET (MD)			PACKER SET (MD)																																																																																			
															2 3/8"			6876'																																																																																						
31. PERFORATION RECORD (Interval, size and number)															32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																																																																									
6722-32', 6767-72', 6818-28', 6842-52', 6878-88' w/20 SPZ															<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">DEPTH INTERVAL (MD)</td> <td colspan="5">AMOUNT AND KIND OF MATERIAL USED</td> </tr> <tr> <td colspan="10">6722-6888</td> <td colspan="5">60,000# sand, 74,298 gal. water</td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> </table>															DEPTH INTERVAL (MD)										AMOUNT AND KIND OF MATERIAL USED					6722-6888										60,000# sand, 74,298 gal. water																																																	
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6722-6888										60,000# sand, 74,298 gal. water																																																																																														
33. PRODUCTION																																																																																																								
DATE FIRST PRODUCTION										PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)										WELL STATUS (Producing or shut-in)																																																																																				
										Flowing										Shut in																																																																																				
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO																																																																																										
5-3-71		3		3/4"		34.32																																																																																																		
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)																																																																																												
SI 1288		SI 1905		2603 MCF/D		A. O. F.						45.8																																																																																												
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)															TEST WITNESSED BY																																																																																									
															D. R. Roberts																																																																																									
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 Original Signed F. H. WOOD										TITLE Petroleum Engineer										DATE 6-17-71																																																																																				

***(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: "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	MEAS. DEPTH	TRUE VDET. DEPTH
				Pictured Cliffs	2267	
				Mesa Verde	3878	
				Point Lookout	4690	
				Gallup	5773	
				Greenhorn	6630	
				Graneros	6687	
				Dakota	6808	