

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. NM 013861	
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 Lively Exploration Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401				8. FARM OR LEASE NAME Lively	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FNL, 1140' FWL At top prod. interval reported below At total depth				9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED FEB 9 1973				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. DATE SPUDDED 11-24-72				11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 21, T28N, R8W	
16. DATE T.D. REACHED 12-3-72				12. COUNTY OR PARISH San Juan	
17. DATE COMPL. (Ready to prod.) 2-4-73				13. STATE N.M.	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5762' GR 5774' RKB				19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 6740'		21. PLUG, BACK T.D., MD & TVD 6692'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 10-6740'				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6448 - 6608' Dakota	
25. WAS DIRECTIONAL SURVEY MADE				26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Induction and Densilog	
27. WAS WELL CORED				28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD				30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 6448-58', 6524-34', 6568-74', 6586-90', and 6602-08'. 2 jets/ft.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) _____ AMOUNT AND KIND OF MATERIAL USED See completion report for detailed frac info.	
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				34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
35. LIST OF ATTACHMENTS None				36. I hereby certify that the attached information is complete and correct as determined from all available records	
SIGNED Jim L. Jacobs Jim L. Jacobs				TITLE Agent DATE 2-5-73	

*(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 VERT. DEPTH
				<u>Log Tops</u>		
				Cliff House	3805	
				Menefee	3910	
				Point Lookout	4213	
				Mancoes	4528	
				Gallup	5570	
				Greenhorn	6322	
				Graneros	6383	
				Dakota	6485	