

**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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.

NM-12021

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

WAW Pictured Cliff

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 27 - 27N - 13W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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
Dietrich Exploration Company

3. ADDRESS OF OPERATOR
602 Midland Savings Bldg., 444 17th St., Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1850' FNL & 1850' FEL

At top prod. interval reported below

At total depth same

same

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 9-28-77	16. DATE T.D. REACHED 10-3-77	17. DATE COMPL. (Ready to prod.) 10-11-77	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6135 GL	19. ELEV. CASINGHEAD 6135
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20. TOTAL DEPTH, MD & TVD 1460	21. PLUG, BACK T.D., MD & TVD 1429	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS X CABLE TOOLS
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
1396-1460 Pictured Cliff

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Correlation Log

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
5 1/2	15.5	29	7 7/8	10 sacks	none
2 7/8	6.4	1460	4 3/4	100 sacks	none

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) 1396-1406 .25 20	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED RECEIVED OCT 21 1977
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33.* PRODUCTION U. S. GEOLOGICAL SURVEY

DATE FIRST PRODUCTION: N/A
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump): flowing
WELL STATUS (Producing or shut-in): shut in

DATE OF TEST 10-18-77	HOURS TESTED 3	CHOKE SIZE .75	PROD'N. FOR TEST PERIOD →	OIL—BBL. -	GAS—MCF. 46	WATER—BBL. -	GAS-OIL RATIO
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FLOW. TUBING PRESS. 14 psig	CASING PRESSURE 14 psi	CALCULATED 24-HOUR RATE →	OIL—BBL. -	GAS—MCF. 366	WATER—BBL. -	OIL GRAVITY-API (CORR.)
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34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)
Waiting on pipeline connection

TEST WITNESSED BY
William T. Jones

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 T. Jones TITLE: Agent DATE: 10-19-77

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUMENTS

General: This form is designed for submitting a complete and correct well completion report 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:				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			No DST's or cores	Kirtland Fruitland Pictured Cliff	181 986 1396	181 986 1396