

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.

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-5311

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo

9. WELL NO.

8 Well No. 1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

8-27N-19W

12. COUNTY OR  
PARISH

San Juan

13. STATE

New Mexico

## 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

Bass Enterprises Production Co.

3. ADDRESS OF OPERATOR

P. O. Box 2131

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface

330' FWL, 500' FNL Section 8, T-27-N, R-19-W

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

June 21, 1979

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

7-7-79

8-9-79

8-9-79

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

5603' KB

19. ELEV. CASINGHEAD

5587

20. TOTAL DEPTH, MD &amp; TVD 21. PLUG, BACK T.D., MD &amp; TVD 22. IF MULTIPLE COMPL., HOW MANY\*

7200

23. INTERVALS  
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-7200

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction-SP, FDC-CNL-GR

27. WAS WELL CORED

Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	149	17-1/2	270 sx Class B	0
8-5/8	24# K-55	2103	12-1/4	830 sx Lite, 200 SX B with 2% CaCl <sub>2</sub>	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.\* PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

DATE OF TEST HOURS TESTED CHOKE 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-AP (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

TITLE Drilling Engineer

DATE 10-12-79

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

NMOCC

# 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 POROSITY ZONES:

SHOW ALL PAYMENT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION (SPD), TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.

## 38. GEOLOGIC MARKERS

NAME

MEAS. DEPTH TOP TRUE VENT. DEPTH

Todilto	2180	
Entrada	2195	
Chinle	2726	
DeChelly	3920	+1683
Organ Rock	4474	+1129
Supai	4944	
Hermosa	5992	
Akah	6400	
M2 shale	6506	
M2 Shale	6570	
1st Barker Crk	6629	-1019
2nd Barker Crk	6672	
3rd Barker Crk	6732	
Molas	6864	
Mississippian	6930	-1327
Elbert	7172	