

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

REVISED

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

AAA Operating Company, Incorporated

3. ADDRESS OF OPERATOR

1808 Campbell Centre I, Dallas, Texas 75206

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

At surface 1650' FSL and 1500' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

12. COUNTY OR
PARISH
San Juan13. STATE
New Mexico

15. DATE SPUDDED 5-7-79 16. DATE T.D. REACHED 5-11-79 17. DATE COMPL. (Ready to prod.) 8-6-79 18. ELEVATIONS (DF, RKB, ET, GR, ETC.)* GR 5961 19. ELEV. CASINGHEAD 5964

20. TOTAL DEPTH, MD & TVD 3375' 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS X CABLE TOOLS _____

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

2981-2984, 3087-3096, 3108-3115, 3124-3129, 3151-3174, 3281-3292

25. WAS DIRECTIONAL
SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES

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
8 5/8"	24#	185'	12 3/4"	175 SX	
4 1/2"	9.5#	3375'	6 3/4"	450 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/2"	3215'	

31. PERFORATION RECORD (Interval, size and number)

2977, 3090, 3109, 25, 51, 56, 59,
3281, 85, 89,

10 Perforations. Perf size = .33"

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2981 to 3292	Frac'd with 40,000 lbs. of 20/40 sand and 40,000 gal. of water (1% KCl).

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

Flowing

Waiting on strike

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL--BBL.	GAS--MCF.	WATER--BBL.	GAS-OIL RATIO
8-6-79	3 hours	3/4 T&C	→	---	133	---	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.	GAS--MCF.	WATER--BBL.	OIL GRAVITY-API (CORR.)	
872	872	→	---	Aof = 1113	---	---	---

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SOLD

TEST WITNESSED BY

Larry Brogdon

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

President

DATE

8-14-79

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

NLMCC

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 83, 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 FISHING ZONES:

SHOW ALL IMPORTANT ZONES OF FISHING AND CONTENTS THEREOF: COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	2132'	2240'	Sand, Shale, and Coal	Fruitland	2004'	
				Pictured Cliffs	2132'	
Chacra	3110'	3324'	Sand and Shale	Chacra	3110'	