Form 9-330
(Rev. 5-63)

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*

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: WILLIAM C. RUSSELL

3. ADDRESS OF OPERATOR: 745 Fifth Avenue, New York, N. Y. 10022

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1540 FSL - 790 FEL
At top prod. interval reported below
At total depth: -same-

5. LEASE DESIGNATION AND SERIAL NO.: NM-03603-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Hammond

9. WELL NO.: 93

10. FIELD AND POOL, OR WILDCAT: Largo Chacra

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 26, T27N-R8W NMPM

14. PERMIT NO. / DATE ISSUED:

12. COUNTY OR PARISH: San Juan

13. STATE: N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
11-8-79	11-14-79	11-20-79	GR 6023	6025

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
3336	3294	single	→	X X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 3114-3253

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Radioactivity

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	190	12 ¼	250 circulated	- -
4 1/2	10.5	3300	7 7/8	1100 circulated	- -

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1 ½	3322 plus	15' perfs

31. PERFORATION RECORD (*Interval, size and number*)

3114 - 3134 = 20'
3247 - 3253 = 6'
26' = 52 holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
500 MCA	120,000# 20-40 sand
	100,000 gals slick water
Jet perfs -	2 per/ft

33.* PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	GAS-OIL RATIO
12-13-79	3	3/4			[illegible]79	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GRAVITY-API (CORR.)
90	837			1179		

RECEIVED JAN 9 1980 OIL CON. COM. DIST. 3

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

35. LIST OF ATTACHMENTS: Open Flow Test Data

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: W. C. Russell TITLE: Operator DATE: 12-17-79

*(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 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Ojo Alamo	500	1600	water sand
Pictured Cliffs	2100	2200	gas sand
Chacra	3110	3260	gas sand stringers

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE 1963 O 683636

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM-03603-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: William C. Russell

8. FARM OR LEASE NAME: Hammond

3. ADDRESS OF OPERATOR: 745 Fifth Avenue New York, N. Y. 10022

9. WELL NO.: 93

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1540 FSL - 790 FEL

10. FIELD AND POOL, OR WILDCAT: Largo Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 26, T27N, R8W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): GR 6023

12. COUNTY OR PARISH: San Juan

13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Water Shut-Off			X
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8 5/8" casing x 12 ¼" hole - 250 sacks cement - circulated
CEMENT FROM TD TO SURFACE

4 ½" casing x 7 7/8" hole - 1100 sacks cement - circulated
CEMENT FROM TD TO SURFACE

~~XXXXXXXXXXXXXX~~ 190' x 8 5/8"
~~XXXXXXXXXXXXXX~~ 3300' x 4 1/2"

RECEIVED
JAN 21 1980
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED
JAN 23 1980
OIL CON. COM.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED W. C. Russell TITLE Operator DATE 1-15-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JAN 22 '80
FARMINGTON DISTRICT
BY _____