

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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						3. ADDRESS OF OPERATOR	
WILLIAM C. RUSSELL						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-							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED				16. DATE T.D. REACHED			
11-8-79				11-14-79			
17. DATE COMPL. (Ready to prod.)				18. ELEVATIONS (DF, RES, RT, GR, ETC.)*			
11-20-79				GR 5023			
19. ELEV. CASINGHEAD				20. TOTAL DEPTH, MD & TVD			
6025				3336			
21. PLUG, BACK T.D., MD & TVD				22. IF MULTIPLE COMPL., HOW MANY*			
3294				single			
23. INTERVALS DRILLED BY				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*			
X X				3114-3253			
25. WAS DIRECTIONAL SURVEY MADE				26. TYPE ELECTRIC AND OTHER LOGS RUN			
yes				Radioactivity			
27. WAS WELL CORED				28. CASING RECORD (Report all strings set in well)			
NO				29. LINER RECORD			
Casing Size		Weight, lb./ft.	Depth Set (MD)	Hole Size	Cementing Record	Amount Pulled	
8 5/8	24	190	12 1/4	250 circulated	-		-
4 1/2	10.5	3300	7 7/8	1100 circulated	-		-
30. TUBING RECORD				31. PERFORATION RECORD (Interval, size and number)			
Size	Top (MD)	Bottom (MD)	Sacks Cement*	Screen (MD)	Size	Depth Set (MD)	Packer Set (MD)
1 1/2					3114 - 3134 = 20'		
					3247 - 3253 = 6'		
					26' = 52 holes		
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				33. PRODUCTION			
Depth Interval (MD)		Amount and Kind of Material Used					
500 MCA		120,000# 20-40 sand					
Jet perfs		100,000 gals slick water					
		2 per/ft					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS					
Flaired		Open Flow Test Data					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. SIGNATURE					
		WILLIAM C. RUSSELL					
38. DATE		12-17-79					
39. TITLE		Operator					
40. 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.	GEOLOGIC MARKERS		
				NAME	MEAN. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	500	1600	water sand			
Pictured Cliffs	2100	2200	gas sand			
Chacara	3110	3250	gas sand stringers			

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Budget Bureau No. 42-R1424.

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 BLK. AND SURVEY OR AREA

26, T27N, R8W

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

1. (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.)

OIL WELL ☐ GAS WELL ☒ 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.* See also space 17 below.)
At surface

1540 FSL - 790 FEL

14. PERMIT NO.

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

GR 6023

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Water Shut-Off

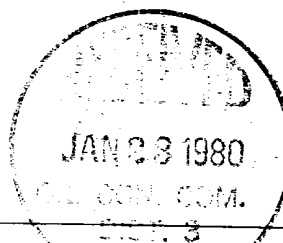
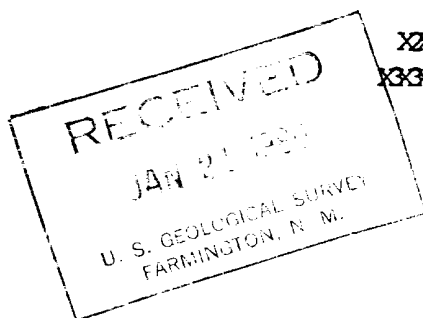
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 1/4" hole - 250 sacks cement - circulated
CEMENT FROM TD TO SURFACE

4 1/2" casing x 7 7/8" hole - 1100 sacks cement - circulated
CEMENT FROM TD TO SURFACE

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



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

SIGNED

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