UNITED STATES

Form approved. Budget Bureau No. 42-R355.5.

SUBMIT IN DUPLICATE. (See other instructions on reverse side) DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NOO-C-14-20-4158 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT ALTERNATION OF TYPE OF WELL: Navajo 1a. TYPE OF WELL: 7. UNIT AGREEMENT NAME Other b. TYPE OF COMPLETION: Other JANAO 8 1986 PLUG BACK WELL DEEP-S. FARM OR LEASE NAME 2. NAME OF OPERATOR Navajo 32 BUREAU OF LAND MANAGEMENT S. E. R. H., Inc. 9. WELL NO. FARMINGTON RESOURCE AREA 3 10. FIELD AND POOL, OR WILDCAT P. O. Box 312, Otis, Kansas 67565

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). Beautiful Mountain 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 790' fNL; 990' fWL NW/4 NW/4 Unit D At top prod. interval reported below Same 32-27N-19W NMPM At total depth Same DATE ISSUED BLM 13 STATE 12. COUNTY OR PARISH 14. PERMIT NO. App. 7/25/85 San Juan New Mexico 18. ELEVATIONS (DF, REB, RT, GR, ETC.) | 19. ELEV. CASINGHEAD TA 8/17/85 (Ready to prod.) 15. DATE SPUDDED 16. DATE T.D. REACHED Gr . 5869 KB

23. INTERVALS ROTARY TOOLS
DRILLED BY 8/15/85 | P&A 1/2
TVD | 21. PLUG, BACK T.D., MD & TVD P&A 1/4/86 8/2/85 None 22. IF MULTIPLE COMPL., HOW MANY* None
25. WAS DIRECTIONAL SURVEY MADE A11 No None 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN BHC Sonic No Gearhart - DIL: CDN: GR: CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) CEMENTING RECORD AMOUNT PULLED 175" 13-3/8" 68 New 77 130 sx, C1, B 2% CaC1 12½" 1493 890 sx. Cl. B 2% CaCl 8-5/8" 24 New TUBING RECORD 29 LINER RECORD 30. DEPTH SET (MD) PACKER SET (MD) SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE None _None size and number 31. PERFORATION RECORD (Interval, ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 32. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED None 33.*None PRODUCTION WELL STATUS (Producing or shut-in) PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) $P \pm A$ DATE OF TEST HOURS TESTED CHOKE SIZE FROD'N. FOR TEST PERIOD OIL-BBL. GAS-MCF. WATER-BBL. GAS-OIL RATIO OIL GRAVITY-API (CORR.) FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL-BBL. GAS-MCF. WATER-BBL. 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

Copies of P&A Tickets: HOWCO #230386 & Helmur Rstbt. #1075

[Note: 1] Thereby certify that the foregoing and attached information is complete and correct as determined from all available records

35. LIST OF ATTACHMENTS

John M

SIGNED

ACCEPTED FOR

Jan. 6, 1986 TITLE Consultant DATE TAKKELIGIUL MESCUMUE AKEA

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

NMOCC

NSTRUCTIONS

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.

or Federal office for specific instructions. 14cm 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

|tems 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, 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

Item 33: Submit a separate completion report on this form for each interval to be separately produced.

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