

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☒		DRY ☐		Other ☐		Test well for Project Gasbuggy					
b. TYPE OF COMPLETION:		NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐		DIFF. RESVR. ☐		Other ☐			
2. NAME OF OPERATOR												7. UNIT AGREEMENT NAME			
El Paso Natural Gas Company												Castbuggy			
3. ADDRESS OF OPERATOR												9. WELL NO.			
Box 990, Farmington, New Mexico												2			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*												10. FIELD AND POOL, OR WILDCAT			
At surface 1218'S, 2070'W												Choz Mesa P. C.			
At top prod. interval reported below												11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA			
At total depth												Sec. 36, T-29-N, R-4-W N.M.P.M.			
14. PERMIT NO.												12. COUNTY OR PARISH		13. STATE	
												Rio Arriba		New Mexico	
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
4-9-67		5-4-67		5-6-67		7198.6 OL									
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					
4260'						---		0-4260							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*										25. WAS DIRECTIONAL SURVEY MADE					
This well was drilled only to confirm the site for the Nuclear detonation of Project Gasbuggy										Yes					
26. TYPE ELECTRIC AND OTHER LOGS RUN										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					
9 5/8"		32.30#		496'		13 3/4"		275 Sks.							
7"		20#		3920'		8 3/4"		600 Sks.							
29. LINER RECORD														30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2 3/8"		4217'			
31. PERFORATION RECORD (Interval, size and number)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
NONE								NONE							
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)										WELL STATUS (Producing or shut-in)			
												MAY 19 1967			
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.		U. S. GEOLOGICAL SURVEY			
												WATER—BBL. (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												TEST WITNESSED BY			
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
Original Signed By															
W. G. Cutler															
TITLED Petroleum Engineer															
DATE 5-18-67															

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

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.

tion 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 :		38. GEOLOGIC MARKERS	
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		NAME	TRUE VERT. DEPTH
FORMATION	TOP	MEAS. DEPTH	TOP