

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 _____		7. UNIT AGREEMENT NAME S.J. 30-6 Unit																																					
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME S.J. 30-6 Unit																																					
2. NAME OF OPERATOR El Paso Natural Gas		9. WELL NO. 78 A																																					
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde																																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1470' S, 1825' E At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 25, T-30-N, R-7-W NMPM																																					
14. PERMIT NO.		DATE ISSUED																																					
15. DATE SPUEDDED 7-5-79		16. DATE T.D. REACHED 7-13-79																																					
17. DATE COMPL. (Ready to prod.) 9-20-79		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6254' GL																																					
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5825																																					
21. PLUG, BACK T.D., MD & TVD 5808		22. IF MULTIPLE COMPL., HOW MANY*																																					
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-5825																																					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4986 - 5787' (MV)		25. WAS DIRECTIONAL SURVEY MADE NO																																					
26. TYPE ELECTRIC AND OTHER LOGS RUN CDL/GR; IL/GR; Temp. survey		27. WAS WELL CORED NO																																					
28. CASING RECORD (Report all strings set in well)																																							
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31. PERFORATION RECORD (Interval, size and number) 4986, 5020, 5029, 5040, 5050, 5056, 5062, 5078, 5086, 5134, 5142, 5163, 5170, 5176, 5227, 5234, 5273, 5284, 5291, 5311, 5387, 5396, 5417, 5431, 5436, 5448, 5464, 5470, 5474, 5480, 5486, 5494, 5503, 5552, 5576, 5626, 5641, 5678, 5696, 5742, 5787' w/ 1 SPZ.																																							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																							
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33.* PRODUCTION																																							
DATE FIRST PRODUCTION																																							
PRODUCTION METHOD (Flowing, gas lift, pumping size and type of pump) After frac gauged 2047 MCF / D																																							
WELL STATUS (Producing or shut-in) Shut-in																																							
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)																																							
TEST WITNESSED BY D. Norton																																							
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 <u>D. G. Buico</u> TITLE <u>Drilling Clerk</u> DATE <u>OCT 5 1979</u>																																							

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

U. S. GEOLOGICAL SURVEY
DURHAM, N. C.

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: