

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 ☐
2. NAME OF OPERATOR		El Paso Natural Gas Company			
3. ADDRESS OF OPERATOR		Box 990, Farmington, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with map and requirements)*		At surface 990' S, 1650' W At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
W/O 7-22-69		W/O 7-28-69		W/O 8-12-69	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
5579'		5574'			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		19. ELEV. CASINGHEAD	
4742-5512(W)		No		6132' CL	
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED		23. INTERVALS DRILLED BY	
ES, GRI, W/O I-GR, FDC-GR, Temperature Survey		No		ROTARY TOOLS CABLE TOOLS	
28. CASING RECORD (Report all strings set in well)		30. TUBING RECORD		23. INTERVALS DRILLED BY	
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	23. INTERVALS DRILLED BY
5 7/8"	36	317'	12 1/3"	150 sls.	0-5579'
7"	23 & 20	4630	8 3/4"	300 sls.	
4 1/2"	10.5	5579	6 1/4"	185 sls	
29. LINER RECORD		30. TUBING RECORD		23. INTERVALS DRILLED BY	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	23. INTERVALS DRILLED BY
					2 3/8"
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		23. INTERVALS DRILLED BY	
4742-58, 4804-20, 4834-50' w/16 SPZ		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5238-46, 5256-04, 5298-5302, 5332-44,		4742-4850		33,180 gal. wt., 32,000# sand	
5356-60, 5426-34, 5476-84, 5508-12 w/16 SPZ		5238-5512		79,086 gal. wt., 80,000# sand	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)		R. F. Hendrick	
8-12-69	Flowing	Shut in			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
8-12-69	3	3/4"			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
SI 794	SI 794			1,388 MCF/D-AGE	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		DATE August 27, 1969	
SIGNED Original Signed F. H. WOOD		TITLE Petroleum Engineer		DATE August 27, 1969	

*(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.

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 19: 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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs Lewis Cliff House Manatee Point Lookout Hawkes	3000 3085 4662 4843 5220 5271	