

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions 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: **RECEIVED**

3. ADDRESS OF OPERATOR: **U. S. GEOLOGICAL SURVEY**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: **206 N. Wavajo, Harrington, N.M.**
At top prod. interval reported below: **825' T&E & 2145' ISL sec. 17 29N 18W**
At total depth: **17 29N 18W**

14. PERMIT NO. _____

15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____

18. COUNTY OR PARISH: **San Juan** 19. STATE: **N.M.**

19. ELEV. CASINGHEAD: **174'**

20. TOTAL DEPTH, MD & TVD: **106'**

21. PLUG, BACK T.D., MD & TVD: _____

22. IF MULTIPLE COMPLETIONS, HOW MANY* _____

23. INTERVALS DEPLETED BY: **ROTARY TOOLS** 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: **89' - 91.5'**

25. WAS DIRECTIONAL SURVEY MADE: **No**

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
5 1/2" OD	14.8	106'	1-7/8"	Circulated w/ 17 sk.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2" 3/4"	98' GL	

31. PERFORATION RECORD (Interval, size and number): **89.5 - 91.5' w/ 2/32 Total 8 holes**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
89.5' - 93.4'	Fracture - 2,000# 10/20 sd. 1500# 2/12 sd., 100# Adomite 113 bbls. lease crude

33. PRODUCTION

DATE FIRST PRODUCTION: **7-2-68** PRODUCTION METHOD: **Flowing - 2" x 1" BHP Pump** WELL STATUS: **Producing**

DATE OF TEST: **7-3-68** HOURS TESTED: **24** CHOKER SIZE: _____ PROD'N. FOR TEST PERIOD: **5** OIL—BBL.: **0** GAS—MCF.: **0** WATER—BBL.: **0** GAS-OIL RATIO: **TSTM**

FLOW-TUBING PRESS.: _____ CASING PRESSURE: _____ CALCULATED 24-HOUR RATE: _____ OIL—BBL.: _____ GAS—MCF.: _____ WATER—BBL.: _____ OIL GRAVITY-API (CORR.): **50**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): _____ TEST WITNESSED BY: **C. F. Stringer**

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: **C. F. Stringer** TITLE: **Prod. Supt.** DATE: **7-15-68**

