

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 <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
1b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
		DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>		
2. NAME OF OPERATOR <i>Stephen H. Kinney</i>					
3. ADDRESS OF OPERATOR <i>207 N. Orchard, Farmington, NY 8740</i>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <i>165°N, 2625°W</i> At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH <i>San Juan</i>	
				13. STATE <i>NM</i>	
16. DATE SPEUDED <i>8/8/72</i>		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.) <i>6/30/73 PRA</i>	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <i>5121</i>		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD <i>834</i>	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS <input checked="" type="checkbox"/> CABLE TOOLS <input type="checkbox"/>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <i>NONE</i>					
25. WAS DIRECTIONAL SURVEY MADE					
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>NONE</i>					
27. WAS WELL CORED					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>NONE</i>					
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) <i>Top Perforation - 72</i>					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <i>NONE</i>			WELL STATUS: Producing or shut in
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
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
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

*Stephen H. Kinney*

TITLE

*Operator*

DATE

*2/27/74*

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

