

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 _____		5. LEASE DESIGNATION AND SERIAL NO. N N 0149967	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME Federal-State Unit No. 2	
3. ADDRESS OF OPERATOR Box 810, Farmington, New Mexico 87401		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 800' from South Line & 1650' from West Line At top prod. interval reported below Same At total depth Same		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Hasin Dakota	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 32, 30-N, 11-W, NMPH	
15. DATE SPUDED 6-17-64		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 7-1-64		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 7-20-64		19. ELEV. CASINGHEAD 5899'	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5210' KB		20. TOTAL DEPTH, MD & TVD 6775'	
21. PLUG, BACK T.D., MD & TVD 6740'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6566' to 6668' Dakota	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electrolog and Densilog	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 6566' to 6570'; 6572' to 6576'; 6640' to 6648'; 6650' to 6658'; and 6664' to 6668' with 1 jet shot per foot		32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 6566' to 6668' 500 gallons mud acid, 75,000 gallons water, 75,000 pounds of sand 300 pounds of FR-8 agent & 300 pounds of potassium chlor- ide	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Well is shut-in	
DATE FIRST PRODUCTION 7-8-64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 7-20-64		HOURS TESTED 3	
CHOKED SIZE 3/4		PROD'N. FOR TEST PERIOD 3,880	
OIL—BBL. 435		GAS—MCF. 435	
WATER—BBL. 435		OIL GRAVITY-API (CORR.)	
FLOW, TUBING PRESS. 298 psi		CASING PRESSURE 725 psi	
CALCULATED 24-HOUR RATE 3,880		TEST WITNESSED BY D. J. Galits	
35. LIST OF ATTACHMENTS None		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED: [Signature] TITLE: Acting District Supt.	

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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 38, 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 38. 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			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Fleture Cliffs Mass Verde Greenhorn Graneros Dakota	2130 3720 5454 6597 6563				