

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 *

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. SF 078039	
2. 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 El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		8. FARM OR LEASE NAME Atlantic B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' S, 990' W At top prod. interval reported below At total depth		9. WELL NO. 8(OWWO)	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
DATE ISSUED		11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 3, T-30-N, R-10-W	
15. DATE SPUDDED W/O 11-27-65		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED W/O 12-2-65		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) W/O 12-13-65		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD Whipstock 5436		23. INTERVALS DRILLED BY 6367' GL	
21. PLUG BACK T.D., MD & TVD C.O. 5389		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4718-4854 (C.H.) 5294-5382(P.L.)	
22. IF MULTIPLE COMPL., HOW MANY*		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN ES, GRN, Depth Control, Temperature Survey		27. WAS WELL CORED No	
23. CASING RECORD (Report all strings and joints) OIL CON. COM. DIST. 3		28. AMOUNT PULLED	
CASING SIZE 9 5/8" 7" 4 1/2"		WEIGHT, LB./FT. 25.4# 23 10.5#	
DEPTH SET (MD) 170' 4624' 5436'		HOLE SIZE 13 3/4" 8 3/4" 6 1/8"	
30. TUBING RECORD SIZE 2 3/8"		DEPTH SET (MD) 5356	
31. PERFORATION RECORD (Interval, size and number) 4718-22 w/4 SPF, 4770-86 w/1 SPF, 4822-26 w/4 SPF; 4838-54' w/1 SPF, 5294-5302 w/2 SPF; 5312-28 w/1 SPF; 5359-63, 5378-82' w/4 SPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 4718-4854 5294-5382 AMOUNT AND KIND OF MATERIAL USED 40,905 gal water, 40,000# sand 45,200 gal water, 45,000# sand	
33.* DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut-in		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE OF TEST 12-13-65		HOURS TESTED 3	
CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD 4,588 MCF/D	
OIL—BBL. 616		GAS—MCF. 4,588 MCF/D	
WATER—BBL. 213		OIL GRAVITY-API (CORR.)	
35. LIST OF ATTACHMENTS		TEST WITNESSED BY J. B. Goodwin	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED OR'G'NAL SIGNED E. S. OBERLY		TITLE Petroleum Engineer	
DATE December 27, 1965			

*(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 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: 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																																	
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