

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 ☐DIFF.
RESVR. ☐Other ☐

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 any State requirements)*

At surface

1190' N, 1190'E

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.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

12.

COUNTY OR
PARISH

13. STATE

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

ES, GRI, Temp. Survey

28.

27. WAS WELL CORED

Yes

No

CASING SIZE

WEIGHT, LB./FT.

DEPTH SET (MD)

HOLE SIZE

CEMENTING RECORD

9 5/8"

25.4#

172'

13 3/4"

125 Sks.

7"

20 & 23#

4854

8 3/4"

500 Sks.

4 1/2"

10.5#

5509'

6 1/4"

130 Sks.

LINER RECORD

SIZE

TOP (MD)

BOTTOM (MD)

SACKS CEMENT*

SCREEN (MD)

30.

TUBING RECORD

SIZE

DEPTH SET (MD)

PACKER SET (MD)

2 3/8"

5441'

31. PERFORATION RECORD (Interval, size and number)

32.

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)

AMOUNT AND KIND OF MATERIAL USED

4962-5020

18,000 gal. water, 18,000# sand

5372-5471

48,000 gal. water, 48,000# sand

33.*

DATE FIRST PRODUCTION

PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

DATE OF TEST

HOURS TESTED

Flowing

CHOKE SIZE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

WELL STATUS (Producing or
shut-in)

Shut in

GAS-OIL RATIO

LOW. TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

8923

LIST OF ATTACHMENTS

TEST WITNESSED BY

Don Norton

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

OR. G'NAL SIGNED E. S. OBERLY

TITLE

Petroleum Engineer

DATE

9-8-65

*(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. All attachments to the extent required by applicable Federal and/or State laws and regulations. Consult local State and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. All attachments to the extent required by applicable Federal and/or State laws and regulations. Consult local State and/or State office.

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. Consult local State and/or State office.

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 and/or State 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. 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 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.)

GEOLOGIC MARKERS

38.

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

DESCRIPTION, CONTENTS, ETC.

NAME

TOP

MEAS. DEPTH

TRUE VERT. DEPTH

FORMATION

TOP

BOTTOM

Ojo Alamo

Kirtland

Fruitland

Pictured Cliffs

Lewis

Cliff House

Menefee

Point Lookout

Mancos

2259

2330

2763

3137

3216

4945

5025

5362

5484