

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 BENSON-MONTIN-GREER DRILLING CORP.						5. FARM OR LEASE NAME Nava Jo (I-12)	
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, N.Mex.						9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2220' PSL, 830' FEL, Sec. 12, T-30N, R-19W At top prod. interval reported below Same At total depth Same						10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. _____ DATE ISSUED _____						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12, T-30N, R-19W	
15. DATE SPUDDED 3-16-66		16. DATE T.D. REACHED 3-18-66		17. DATE COMPL. (Ready to prod.) 3-19-66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5093' OL	
20. TOTAL DEPTH, MD & TVD 492'		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY 0-492'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None. Encountered salt water at 477'.						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED No	
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"	14#	30'	6-3/4"	Circulated		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		None				None	RECEIVED
31. PERFORATION RECORD (Interval, size and number) None				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) _____ AMOUNT AND KIND OF MATERIAL USED _____ None			
33. PRODUCTION							
DATE FIRST PRODUCTION --		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) P & A				WELL STATUS (Producing or shut-in) P & A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY			
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 W. L. Strick		TITLE Engineer		DATE 3-21-66			

*(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 is received in accordance with the instructions on item 33, the summary shall be subject to the provisions of the regulations of the Federal and/or State agency to which it is submitted.

tion 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 completions),

For each 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 27: *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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
				Callup	477	