

5 USES 1 Nov. 1 File

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 Re-Entry				
2. NAME OF OPERATOR Thomas A. Dugan											
3. ADDRESS OF OPERATOR Box 234, Farmington, N. M.											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' fs1 330' fs1 At top prod. interval reported below At total depth											
14. PERMIT NO.				DATE ISSUED							
15. DATE SPUDDED 3/20/68		16. DATE T.D. REACHED 3/21/68		17. DATE COMPL. (Ready to prod.) 3/23/68		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5063' Gr.		19. ELEV. CASINGHEAD -----			
20. TOTAL DEPTH, MD & TVD 1095'		21. PLUG BACK T.D., MD & TVD 1069'		22. IF MULTIPLE COMPL., HOW MANY* single		23. INTERVALS DRILLED BY →		ROTARY TOOLS Yes		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1050' - 1065'										25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None on re-entry										27. WAS WELL CORED No	
28. CASING RECORD (Report all casing set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		CEMENTING RECORD		AMOUNT PULLED			
7"		20#		59'		20 Sx.		---			
4 1/2"		9.5#		1095'		100 Sx.		---			
29. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		PACKER SET (MD)	
				None						None	
31. PERFORATION RECORD (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
None on Re-entry						None on Re-entry					
33.* PRODUCTION											
DATE FIRST PRODUCTION 3/23/68		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing									
DATE OF TEST 3/24/68		HOURS TESTED 24		CHOKE SIZE ---		PROD'N. FOR TEST PERIOD →		OIL—BBL. 1		GAS—MCF. 0	
FLOW. TUBING PRESS. 0		CASING PRESSURE 0		CALCULATED 24-HOUR RATE →		OIL—BBL. 3		GAS—MCF. ---		WATER—BBL. 1	
										OIL GRAVITY-API (CORR.) 48°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TSTM										TEST WITNESSED BY Jacobs	
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 Thomas A. Dugan						TITLE Engineer			DATE 10/2/70		

*(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

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
					NAME	MEAS. DEPTH
						TOP
						TRUE VERT. DEPTH
					<u>LOG TOPS</u>	
					Gallup	474'
					Greenhorn	920'
					Graneros	988'
					Dakota	1047'