

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 [X] DRY [] Other []

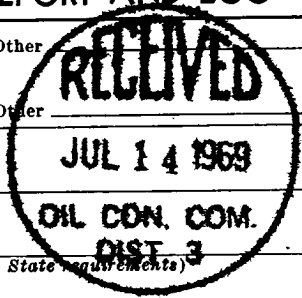
b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []

2. NAME OF OPERATOR: El Paso Natural Gas Company

3. ADDRESS OF OPERATOR: Box 990, Farmington, New Mexico - 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface 1150'S, 800'W

At top prod. interval reported below At total depth



5. LEASE DESIGNATION AND SERIAL NO. SF 07201-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Riddle A

9. WELL NO. 9

10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 24, T-30-N, R-9-W N.M.P.M.

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 5-17-69 16. DATE T.D. REACHED 5-29-69 17. DATE COMPL. (Ready to prod.) 6-30-69 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5749' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2557' 21. PLUG, BACK T.D., MD & TVD 2547' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-2557

ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2484 - 2504'

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN I-EL, Density, Temp. Survey

27. WAS WELL CORRED No

Table with 5 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Data includes 8 5/8", 2 7/8", 24, 6.4, 219', 2557', 12 1/4", 6 3/4", 165 Sks., 225 Sks.

Table with 5 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD). Includes Tubingless Completion.

Table with 3 columns: SIZE, DEPTH SET (MD), PACKER SET (MD). Includes Tubingless Completion.

31. PERFORATION RECORD (Interval, size and number) 2484 - 2504' w/2 SFF

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Data: 2484-2504, 23,170 gal. water, 25,000# sand, 200 gal. acid.

33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut In

DATE OF TEST 6-30-69 HOURS TESTED 3 CHOKER SIZE 3/4" PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO FLOW. TUBING PRESS. CASING PRESSURE SI 901 CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. 2112 MCF/D - A.C.F. FARMINGTON, N. M.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY R. F. Hendrick

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 L. O. Van Ryan TITLE Petroleum Engineer DATE 7-9-69

*(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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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 and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

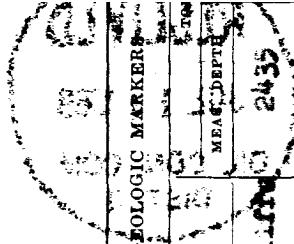
If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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 your 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 other 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 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, adequate 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.

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.

38.

GEOLOGIC MARKERS
 NAME
 MEAS. DEPTHS
 Pictured 0111110 2435