

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.

B. LEASE DESIGNATION AND SERIAL NO.

SF 073125

C. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sunray A

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs Ext.

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 10, T-30-N, R-10-W

NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 IN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements)  
At surface 1700'N, 1825'E

At top prod. interval reported below

At total depth

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

15. DATE SPULDED 1-29-73  
16. DATE T.D. REACHED 2-2-73  
17. DATE COMPL. (Ready to prod.) 6-25-73  
18. ELEVATIONS (DF, RHH, FC, CR, ETC.)\* 6484'GL

20. TOTAL DEPTH, MD & TVD 3255'  
21. PLUG BACK T.D., MD & TVD 3244'

22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_  
23. INTERVALS DRILLED BY \_\_\_\_\_ ROTARY TOOLS 0-3255' CABLE TOOLS \_\_\_\_\_

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)\*  
3138-3190' (Pictured Cliffs)

26. TYPE ELECTRIC AND OTHER LOGS RUN  
IEL; CDI-GGR; Temp. Survey

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FO.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24.0#	133'	12 1/4"	129 cu. ft.	
2 7/8"	6.4#	3255'	6 3/4"	448 cu. ft.	

29. LINER RECORD					30. LOGGING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)

31. PERFORATION RECORD (Interval, size and number)  
3138-48', 3158-68' and 3180-90' with 30 shots per zone.

32. ACID, SHOT, FRACING, CEMENT SQUEEZE, ETC.  
DEPTH INTERVAL (MD) 3138-3190'  
AMOUNT AND KIND OF MATERIAL USED 30 100# sand; 30, 100 gal. water

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 6-25-73 HOURS TESTED 3 CHOKE SIZE 3/4" PROD'N. FOR TEST PERIOD \_\_\_\_\_ OIL—BBL. \_\_\_\_\_ GAS—MCF. \_\_\_\_\_ WATER—GAL. \_\_\_\_\_ OIL-GAS RATIO \_\_\_\_\_

FLOW. TUBING PRESS. tubingless CASING PRESSURE SI 1033 CALCULATED 24-HOUR RATE \_\_\_\_\_ OIL—BBL. \_\_\_\_\_ GAS—MCF. 3745 AGP WATER—BBL. \_\_\_\_\_ OIL GRAVITY-API (CORR.) \_\_\_\_\_

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) \_\_\_\_\_ TEST WITNESSED BY C. R. Wagner

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 [Signature] TITLE Drilling Clerk DATE June 29, 1973

\*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs	3139'	

**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**