

Form approved.
Budget Bureau No. 42-2355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		DRY <input type="checkbox"/>		Other _____		7. UNIT AGREEMENT NAME							
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEP-EN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>		DIFF. RESVR. <input type="checkbox"/>		Other _____		8. FARM OR LEASE NAME			
2. NAME OF OPERATOR		El Paso Natural Gas Company		3. ADDRESS OF OPERATOR		P. O. Box 990, Farmington, NM 87401		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1180'N, 1125'E		At top prod. interval reported below		At total depth			
15. DATE SPUDDED		12-31-74		16. DATE T.D. REACHED		01-04-75		17. DATE COMPL. (Ready to prod.)		08-05-75		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		6230' GL			
20. TOTAL DEPTH, MD & TVD		2943'		21. PLUG, BACK T.D., MD & TVD		2933'		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)*		2810-60' (PC)		25. WAS DIRECTIONAL SURVEY MADE		No		26. TYPE ELECTRIC AND OTHER LOGS RUN		IEL; CDL-GR; Temp. Survey		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							
8 5/8"		24#		128'		12 1/4"		165 cu. ft.									
2 7/8"		6.4#		2943'		7 7/8" and 6 3/4"		561 cu. ft.									
29. LINER RECORD														30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)			
										Tubingless							
31. PERFORATION RECORD (Interval, size and number)														32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2810', 2816', 2822' with 3 holes, 2854', 2860' with 2 holes														DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
														2810-2860'		35,000# sand; 33,012 gal wtr	
33.* PRODUCTION																	
DATE FIRST PRODUCTION		08-05-75		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		Flowing		WELL STATUS (Producing or shut-in)		Shut in							
DATE OF TEST		08-05-75		HOURS TESTED		3 hours		CHOKE SIZE		3/4"		PROD'N. FOR TEST PERIOD		OIL—BBL.			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		SI 872		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO			
										781 MCF/D-AOF							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)														TEST WITNESSED BY		Carl Rhames	
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		N. B. Dussco		TITLE		Drilling Clerk		DATE		August 8, 1975							

***(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 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 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.)

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.

37. SUMMARY OF POROSITY ZONES:				38. GEOLOGIC MARKERS			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE 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.	NAME	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
				Pictured Cliffs	2798'		