

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R5555.

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

TASCO

3. ADDRESS OF OPERATOR

501 Airport Dr. Suite 110, Farmington, New Mex.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1750' FNL and 2430' FEL

At top prod. interval reported below

Same

At total depth

14. PERMIT NO.

DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-639

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

King Kong

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Salt Creek Dakota

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

Sec. 4, T30N, R17W

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mex.

15. DATE SPUDDED 8-27-75 16. DATE T.D. REACHED 10-2-75 17. DATE COMPL. (Ready to prod.) 5105' GR. 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1050 21. PLUG, BACK T.D., MD & TVD 1050 22. IF MULTIPLE COMPL., HOW MANY* none 23. INTERVALS DRILLED BY 0-T.D. ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

1015 to 1030

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
OPEN HOLE					

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

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Open Hole				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)					
		Pumping					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL--BBL.	GAS--MCF.	WATER--BBL.	GAS OIL RATIO
	24 hr.			1 p/d		0	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.	GAS--MCF.	WATER--BBL.	OIL--BBL.	GAS OIL RATIO (CORR.)

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

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

TITLE operator

DATE 5-15-79

*(See Instructions and Spaces for Additional Data on Reverse Side)

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