

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.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080597

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gartner

9. WELL NO.

4A (PM)

10. FIELD AND POOL, OR WILDCAT

Blanco P.C. Ext.

Blanco M.V.

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREASec. 33, T-30-N, R-8-W
NMPM12. 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-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ Other _____

2. NAME OF OPERATOR

EL PASO NATURAL GAS CO.

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 1450'S, 800'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 8/4/77 16. DATE T.D. REACHED 8/12/77 17. DATE COMPL. (Ready to prod.) 10/24/77 18. ELEVATIONS (DF, REB, ET, GR, ETC.)* 6365' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 5743' 21. PLUG, BACK T.D., MD & TVD 5725' 22. IF MULTIPLE COMPL., HOW MANY* 2 23. INTERVALS DRILLED BY 0-5743 ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3114-3176' (PC) 4705-5698' (MV) 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL-SP; 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
9 5/8"	32.3#	236'	13 3/4"	224 cf.	
7"	20#	3541'	8 3/4"	395 cf.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2"	538'	5743'	425 cf		2 3/8"	5633	3275'
					1 1/4"	3185	

31. PERFORATION RECORD (Interval, size and number) 3114-36, 3142-56, 3162-66, 3172-76' w/16 SPZ. 4705-10, 4740-45, 4763-75, 4819-28, 4844-74, 4889-95, 4921-29, 5044-56, 5067-74, 5106-11, w/16 SPZ. 5189-97, 5262-7, 5324-51, 5361-65, 5386-5402, 5410-16, 5446-52' w/ 8 SPZ. 5508-20, 5552-64, 5577-86, 5620-28, 5638-54, 5692-98 w/14 SPZ.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3114-3176'	40,000# sand; 40,980 gal. water
4705-5111'	80,000# sand; 80,000 gal. water
5189-5452'	92,000# sand; 92,030 gal. water
5508-5698'	48,640# sand; 50,800 gal. water

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
	Flowing	Shut In
DATE OF TEST P.C. 10/24/77 M.V. 10/17/77	HOURS TESTED 3	CHOKE SIZE 3/4"
FLOW. TUBING PRESS. P.C. SI 895 M.V. SI 641	CASING PRESSURE PC-SI-895	PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
	CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. DR. GRAVITY-API (CORR.)	
	P.C. - 1726 AOF M.V. - 2350 AOF	

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

TEST WITNESSED BY

Ron Headrick

RECEIVED

35. LIST OF ATTACHMENTS

NOV 8 1977

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

U.S. Geological Survey
Farmington, N.M.

SIGNED

D. G. Blase

TITLE

Drilling Clerk

DATE

11/4/77

*(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.

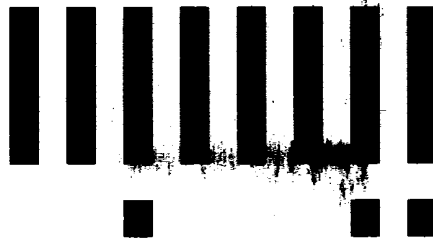
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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; CORDED 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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				P.C.	3048	
				M.V.	4705	
				P.L.	5292	



LTR



Job separation sheet

AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

I.

EL PASO NATURAL GAS CO.
BOX 990, FARMINGTON, NEW MEXICO 87401

Receiver's Name (Please print)
New York ☒ Change in Transporter's
Permit Number ☐ Oil ☐ Gas ☐
Change in Producer's ☐ Standard Gas ☐ Gasoline ☐

If change of ownership, location
and address of receiver

II. DESCRIPTION OF LEASE

Lease Name: GARTNER
Owner: BLANCO P.C. EXT.
Section: 1450 Township: 33N Range: 30N
County: San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter: EL PASO NATURAL GAS CO.
Address: BOX 990, FARMINGTON, NEW MEXICO
If well is owned by other than transporter, give name of owner: EL PASO NATURAL GAS CO.
Address: BOX 990, FARMINGTON, NEW MEXICO

IV. COMPLETION DATA

Designate type of completion: (X) ☒ Oil Well ☒ Gas Well
Date completed: 8/4/77 Date Compl. Ready to Prod: 10/24/77
Elevation: 6365' GR P.C. 3114' 5743' 5725'
3114-56, 3142-56, 3162-66, 3172-76' 3185'
TUBING, CASING, AND CEMENT RECORD
HOLE SIZE: 13 3/4" 8 3/4" 6 1/4"
CASING & TUBING SIZE: 9 5/8" 7" 4 1/2" liner 1 1/4"
FEET SET: 236' 3541' 3381-5743' 3185'
SACKS OF CEMENT: 224 cf. 395 cf. 425 cf. tubing

V. TEST DATA AND PROVE TEST FOR ALLOWABLE OIL WELL

(Text must be entered in full volume of load oil and must be equal to or exceed top oil able for this lease in 24 hours)

Date First New Oil Produced: Date of Test: Length of Test: Tubing Pressure: Actual Prod. During Test: Oil Data:

GAS WELL

Actual Prod. During Test: Length of Test: Tubing Pressure (Shut-in): Casing Pressure (Shut-in):

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

[Signature]

Drilling Clerk

11/4/77

OIL CONSERVATION COMMISSION

Original Signature

This form is to be filed in compliance with OGC 1104.

For a request for allowable for a specific well or group of wells, the request must be accompanied by a statement of the device used in accordance with OGC 1111.

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