

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE *

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-8355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078128

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. CML AGREEMENT NAME

8. PART OF LEASE NAME

TURNER

9. WELL NO.

2A

10. FIELD AND POOL, OR WILDCAT

BLANCO MESA VERDE

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR ALIASec. 13, T-30-N, R-10-W
NMEM12. 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.

RESVR.

☐

Other

2. NAME OF OPERATOR

EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR

BOX 990, FARMINGTON, NEW MEXICO

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

At surface 1740'N, 1810'W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

16. DATE LOG REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, FFB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

11/5/77

11/10/77

1/18/78

6524' CR

20. TOTAL DEPTH, MD & TVD

21. PLUG BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

5902'

5884'

0-5902

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

4788-5829' (M)

25. WAS DIRECTIONAL
SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IL-GR; 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 CURED
9 5/8"	32.3	228'	13 3/4"	224 cf.	
7"	20	3565'	8 3/4"	360 cf.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2"	3394'	5902'	440 cf.		2 3/8"	5865'	

31. PERFORATION RECORD (Interval, size and number)

802-06, 4818-39, 4852-62, 4930-44, 4944-58, 4985-5004
w/16 SPZ. 5067-74, 5084-89, 5100-14, 5166-72, 5182-
1, 5201-14, 5251-59, 5304-14, 5359-71, 5385-99' w/16
SPZ. 5444-62, 5462-81, 5495-5506, 5516-25, 5535-44,
558-70' w/16 SPZ. 5613-21, 5648-67, 5679-91, 5715-27
770-74, 5783-87, 5821-29' w/16 SPZ.

PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

After Frac Gauge - 3201 MCF/D

WELL STATUS (Producing or
shut-in)

Shut-In

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

1/18/78

FLOW, TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

SI 365

SI 734

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

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

D. G. Lisco

TITLE

Drilling Clerk

DATE

2/3/78

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

RECEIVED
FEB 8 1978TEST WITNESSED BY
Ron HendrickFEB 14 1978
OIL CON
DIS 3

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:			38. GEOLOGIC MARKERS		
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			NAME	TOP	
FORMATION	TOP	BOTTOM		MEAS. DEPTH	TRUE VERT. DEPTH
			M.V.	4789	
			P.L.	5432	