

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.

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							
P.O. Box 289, Farmington, NM 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*							
At surface 1562'N, 392'W							
At top prod. interval reported below							
At total depth							
14. PERMIT NO.		DATE ISSUED					
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		
4-25-79	5-1-79	6-26-79	6646' GL				
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		
6058'	6042'			0-6058'			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE		
4881 - 5721 (Mesa Verde)					No		
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
Gamma - Ind, CDL - GR, Temp. Survey					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"	36#	218	13 3/4"	224 cu. ft.			
7"	20#	3737	8 3/4"	393 cu. ft.			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
4 1/2"	3579	6058	43 cu. ft.				
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
2 3/8"	5963						
31. PERFORATION RECORD (Interval, size and number)							
4881-4972							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
4881-5441		72,500# sand & 140,792 gal. water					
5485-5721		78,000# sand & 156,000 gal. water					
5753-5972		38,500# sand & 77,000 gal. water					
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)			
		After Frac Gauge--5066 MCF/D					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.		
6-26-79							
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.		
SI 183	SI 708						
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY		
					Joe Golding		
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 <u>A. G. Brisco</u>		TITLE <u>Drilling Clerk</u>		DATE <u>7-12-79</u>			

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

mymoc

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 38, 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. 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

39. DESCRIPTION, CONTENTS, ETC.

40. TOP

41. BOTTOM

42. MEAS. DEPTH

43. TRUE VERT. DEPTH

44. NAME

45. MV

46. PL

47. 4875'

48. 5591'

49. 1960

50. 1960

51. 1960

52. 1960

53. 1960

54. 1960

55. 1960

56. 1960

57. 1960

58. 1960

59. 1960

60. 1960

61. 1960

62. 1960

63. 1960

64. 1960

65. 1960

66. 1960

67. 1960

68. 1960

69. 1960

70. 1960

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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT

NAME OF WELL

NAME OF OPERATOR

NAME OF COMPANY

ADDRESS OF OPERATOR

CITY AND STATE

COUNTY

SECTION

TOWNSHIP

RANGE

DEGREE

MINUTE

SECOND

UTM ZONE

UTM EASTING

UTM NORTHING

UTM SCALE

UTM DATUM

UTM EPOCH

UTM TYPING

UTM CHECK

UTM TOTAL

UTM REMARKS

UTM SIGNATURE

UTM DATE

UTM TIME

UTM LOCATION

UTM COMMENTS

UTM NOTES

871-233

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(See instructions and spaces for additional data)