

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

(See instructions 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  
Union Texas Petroleum, A Division of Allied Chemical Corporation

3. ADDRESS OF OPERATOR  
Suite 1010, 1860 Lincoln Street, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface  
SE NE Section 7-T31N-R9W (1610' FNL, 1100' FEL)  
At top prod. interval reported below  
Same  
At total depth

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED 6/22/79

5. LEASE DESIGNATION AND SERIAL NO.

SF 078439

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johnston-Federal

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs Field

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

Section 7-T31N-R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

15. DATE SPUDDED 7/28/79 16. DATE T.D. REACHED 7/31/79 17. DATE COMPL. (Ready to prod.) 11/23/79 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6599 GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3644 21. PLUG, BACK T.D., MD & TVD 3522 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)\*  
Pictured Cliffs - 3445-3510 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN (Cased Hole Neutron - Cement Bond)  
CNI Density - Dual Induction 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"	40	354 KB	12-1/4"	200 sx	None
5-1/2"	14, 15.5, 17	3528 KB	7-7/8"	1200 sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
NONE				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	3491 (KB)	None

31. PERFORATION RECORD (Interval, size and number)

Pictured Cliffs (3445-3510) 40 holes (.43" holes)  
Fruitland (3343-3383) 25 holes squeezed

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3445-3510	1500 gal. 7-1/2% HCL Foam frac 95,000# sand
3343-3383	Squeezed w/250 sx cement

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
	Flowing	S.I. WOPL

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/2/79	3	3/4"	→	-0-	250	-0-	

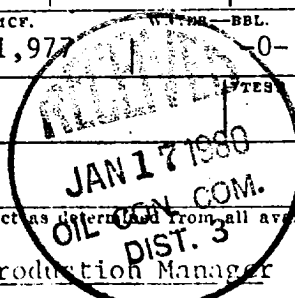
FLOW. TORING PRESS.	CASINO PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
151	422	→	-0-	1,977	-0-	-0-

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

35. LIST OF ATTACHMENTS

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

SIGNED [Signature] TITLE District Production Manager DATE 12/7/79



\* (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 13:** 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 31:** 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 POHOUS ZONES:			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COLED 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.
			No cores or drill stem tests
38. GEOLOGIC MARKERS			
NAME	TOP		
Pictured Cliffs	MEAS. DEPTH	TEST VERT. DEPTH	3431

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Union Texas Petroleum Corporation

Address  
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)      Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Coalbed Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston Federal	Well No. 14	Pool Name, including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee SF	Federal SF	Lease No. 078439
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Location  
Unit Letter H : 1610 Feet From The North Line and 1100 Feet From The East  
Line of Section 7 Township 31N Range 9W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Coalbed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N.M. 87499

If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7	Twp. 31N	Rge. 9W	Is gas actually connected? Yes	When
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If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent

4/26/85  
(Date)

**RECEIVED**  
APR 26 1985  
OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.