

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 *

5. LEASE DESIGNATION AND SERIAL NO.

SF 078998

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 32-7 Unit

8. FARM OR LEASE NAME

San Juan 32-7 Unit

9. WELL NO.

#54

10. FIELD AND POOL, OR WILDCAT

Pinos Fruitland PC

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

Sec 9 T31N R7W

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

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

Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR

P.O. Box 90, Farmington, New Mexico 87401

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

At surface 1010' FNL & 1590' FEL

At top prod. interval reported below Same as above

At total depth Same as above

14. PERMIT NO.

DATE ISSUED

API #30-045-23614

7-23-79

15. DATE SPUDDED

3-10-80

16. DATE T.D. REACHED

3-20-80

17. DATE COMPL. (Ready to prod.)

6-25-80

18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*

6739' GR

20. TOTAL DEPTH, MD & TVD

3835'

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

3832'

22. IF MULTIPLE COMPL.,
HOW MANY*

-

23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

ALL

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

3514' - 3530' w/ 1 shot per foot (17 holes)

25. WAS DIRECTIONAL
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES & Neutron Density / GR log GR/CCI Log correlated to FDC/GR

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
8-5/8"	24#	140'	12-1/4"	100 sks C1 "B"	7 bbls
2-7/8"	6.4#	3840'	7-7/8"-6-3/4"	100 sks C1 "B"	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubingless		

31. PERFORATION RECORD (Interval, size and number)

3514'	3519'	3524'	3529'
3515'	3520'	3525'	3530'
3516'	3521'	3526'	
3517'	3522'	3527'	(17 holes)
3518'	3523'	3528'	

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3514' - 3530'	500 gal pad 7-1/2% HCL fraced/w
	5000 gal pad followed with
	40,000# 10/20 sand @ 1/2-1 ppg.

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	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-25-80	3	2"X.750"	→	-	CV 398MCFD	-	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
Tubingless	1154 psig	→		AOF 398 MCFD	-	-	

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

Now waiting on pipeline Connection.

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

Donna Brace
Donna Brace

TITLE Production Clerk

DATE 6-30-80

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

NMOCG

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: "Stacks 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	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
			Ss: Lt gry, fn med gr S&P Ws & R, Sl Calc	Pictured Cliff	3530'	3530'