

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

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
Supron Energy Corp.

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 905 ft./N; 1020 ft./W line
At top prod. interval reported below Same as above
At total depth Same as above

RECEIVED
DEC 10 1981
OIL CON. COM.
DIST. 3

14. PERMIT NO.	DATE ISSUED
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15. DATE SPUDDED 8/11/81	16. DATE T.D. REACHED 8/23/81	17. DATE COMPL. (Ready to prod.) 11/30/81	18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 5998 R.K.B.	19. ELEV. CASINGHEAD 5986
20. TOTAL DEPTH, MD & TVD 6890 MD & TVD	21. PLUG, BACK T.D., MD & TVD 6840 MD & TVD	22. IF MULTIPLE COMPL., HOW MANY* 2	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-6890 CABLE TOOLS ----
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6674 - 6764 Dakota (MD & TVD)				25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric and Compensated Density

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24.00	254	12 1/4"	240 sacks	
4 1/2"	10.50 & 11.60	6884	7 7/8"	1150 sacks (3 stages)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"E.U.	E. 6671	6633

31. PERFORATION RECORD (*Interval, size and number*)

1 - 0.42" hole at each of the following depths: 6674, 76, 6724, 25, 26, 34, 36, 38, 54, 56, 58, 60, 62, 64. (Total of 14 holes)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6674 - 6764	1000 gal. 7½% HCL, 55,000 gal. 30 lb. gel, and 75,000 lb. 20-40 sand. All fluid contained 2% KCL & biocide.

33 •

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
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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
11/30/81	3	3/4"	→		87		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
49		→		696			

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

TEST WITNESSED BY

Mike Smith

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

Kenneth E. Roddy

TITLE Production Supt.

DATE December 2, 1981

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

FARMINGTON DISTRICT

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NMOCC

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				
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
					Ojo Alamo	438		
					Kirtland	540		
					Fruitland	1836		
					Pictured Cliffs	2121		
					Chacra	3190		
					Cliff House	3706		
					Point Lookout	4517		
					Gallup	5792		
					Greenhorn (BASE)	6611		
					Dakota	6664		