

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. ☐	
2. NAME OF OPERATOR									
Aztec Oil & Gas Company									
3. ADDRESS OF OPERATOR									
Drawer 570, Farmington, New Mexico									
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.)									
At surface 990 FSL & 990 FWL, Section 12-31N-12W									
At top prod. interval reported below									
At total depth									
14. PERMIT NO.					DATE ISSUED				
15. DATE SPUDDED					16. DATE T.D. REACHED				
5-17-70					5-20-70				
17. DATE COMPL. (Ready to prod.)					18. ELEVATIONS (OF, REB, RT, OR, ETC.)				
5-30-70					6273 Gr				
20. TOTAL DEPTH, MD & TVD					21. PLUG, BACK T.D., MD & TVD				
2950					2950				
22. IF MULTIPLE COMPL. HOW MANY*					23. INTERVALS DRILLED BY				
Single					ROTARY TOOLS				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE				
2836-2866-Pictured Cliffs					Yes				
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORRED				
ES-Induction					No				
28. CASING RECORD (Report all strings set in well)									
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
8-5/8"		24#		108'		12 1/4"		100 sts	
4-1/2"		9.5#		2955'		6-3/4"		400 sts	
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		BACKS CEMENT*		SCREEN (MD)	
1"		2822'							
30. TUBING RECORD									
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
1"		2822'							
31. PERFORATION RECORD (Interval, size and number)									
2836-48									
2862-66									
2 SPF									
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL (MD)					AMOUNT AND KIND OF MATERIAL USED				
2836-66					27,200 Gal Water				
					25,000# 10/20 SAND				
					15 Balls				
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—BSL.	
6-5-70		3 Hrs.		3/4		→			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BSL.		GAS—MCF.	
		105		→				1232	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								TEST WITNESSED BY	
SOLD									
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		TITLE				DATE			
J. C. Simon		District Superintendent				June 11, 1970			

*** (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 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

DESCRIPTION, CONTENTS, ETC.

FORMATION

TOP

BOTTOM

2815

2450

2815

2450

2815

2450

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2450

2815

2450

2815

2450

2815

2450

2815

2450

2815

2450

2815

2450

PICTURED CLIFFS

FRUITLAND

TITLE

2815

2450

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