

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved,
Budget Bureau No. 42-E355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barnes

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Under Pictured Cliffs Ext.

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

Sec. 22, T-32-N, R-11-W
NMPM12. COUNTY OR PARISH
San Juan13. STATE
New Mexico

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 Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

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

At surface

800'S, 1736'W

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED 12-15-72 16. DATE T.D. REACHED 12-21-72 17. DATE COMPL. (Ready to prod.) 5-23-73 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6471'GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3356' 21. PLUG, BACK T.D., MD & TVD 3345' 22. IF MULTIPLE COMPL., HOW MANY* → 23. INTERVALS DRILLED BY → 24. ROTARY TOOLS 0-3356' 25. CABLE TOOLS

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

3190-3220' (Pictured Cliffs)

25. WAS DIRECTIONAL SURVEY MADE
NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, FDC/GR; Temp. Survey

27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
8 5/8"	24.0#	133'	12 1/4"	107 cu. ft.
2 7/8"	6.4#	3356'	6 3/4"	569 cu. ft.

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)

3190-3220' with 30 shots per zone.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3190-3220'	28,000# 10/20 sand; 29,190 gal. water

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
5-23-73	3	3/4"	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
tubingless	SI 933	→		5042 MCF/D-AOF			

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

TEST WITNESSED BY

B. Broughton

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

Drilling Clerk

DATE

June 7, 1973

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

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, 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 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.), formations, and other data, including but not limited to, all reports, maps, and other data, 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: "Secks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Supplemental records for each additional interval to be separately produced, showing the additional data pertinent to such interval. (See instruction for items 22 and 24 above.)

38. GEOLOGIC MARKERS	NAME	TOP	
		MEAS. DEPTH	TRUE VERT. DEPTH
	Pictured Cliffs	3188'	