

## COPY TO O. C. C.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATES

(See other instructions on reverse side)

Form 5-330  
Bullet Revision No. 12-R330.5.

5. WELL DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALIAS NAME OR TRIBE NAME

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1. TYPE OF WELL: OLD  G.S.  DRY  OTHER 2. TYPE OF COMPLETION: NEW  WORK OVER  DEEPEN  PLUG  DRAIL  RESURF.  OTHER 3. NAME OF OPERATOR: **ED**4. ADDRESS OF OPERATOR: **300 S. 17th Street, P.O. Box 1000, Santa Fe, New Mexico**5. LOCATION OF WELL (Report location clearly and in accordance with the following): At surface: **760' E. on 1/4 MILE SWAR.**

At top prod. interval reported below:

At total depth: **SAME**At bottom of completion: **SAME**11. PERMIT NO.: **100-1000** DATE ISSUED: **4-1-79**12. DATE SPILLED: **4-1-79** DATE T.D. LACHED: **4-1-79** DATE COMPLETED: **4-1-79** DATE TESTED: **4-1-79** DATE LAST DRILLED: **4-1-79** ELEVATIONS (OF EARTH, RT, GE, ETC.): **5,200'** 19. ELEV. CASING HEAD: **5,200'**20. TOTAL DEPTH, MD & TVD: **5,200'** 21. PLUG, BACK T.D., MD & TVD: **5,200'** 22. IF MULTIPLE COMPLETIONS, HOW MANY: **1** 23. INTERVALS DRILLED BY: **ROTARY TOOLS** CABLE TOOLS24. PRODUCING INTERVAL(S) OF THIS COMPLETION - TOP, BOTTOM, SAME, MD AND TVD: **5,200'**25. WAS DIRECTIONAL SURVEY MADE: **NO**26. TYPE ELECTRIC AND OTHER LOGS: **GR, CBL, FDC, DPL, caliper**27. WAS WELL CORED: **NO**

28. Casing Record (For all strings set in well):

CASING SIZE	WEIGHT IN. FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT CEMENTED
5 1/2"	20.4	4,100'	5 1/2"	100%	100%
2 3/8"	17.6	4,100'	5 1/2"	100%	100%

29. LINER RECORD:

SIZE	TOP (MD)	BOTTOM (MD)	TYPE CEMENT	SCREEN (M)	SIZE	DEPTH SET (MD)	NUMBER SET (MD)
					2 3/8"	4,100'	4,100'

30. PERFORATION RECORD (Interval, rate and number):

**5,795 ft. 6,312 ft. 4,2, 20, 47, 51, 52, 63, 6, 3, 3, 4, 4, 47, 50, 62, 83, 46, 60, E, 24, 602 ft. in. ASPR.**

31. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 32. AMOUNT AND KIND OF MATERIAL USED:

DATE FIRST PRODUCTION: **4-1-79** PRODUCTION METHOD: **TESTING** (If not listed, describe and type of pump):DATE OF TEST: **4-1-79** TIME: **24** HOURS TESTED: **N.A.** CHOKE SIZE: **N.A.** TEST PERIOD: **24-HOUR** FOR: **6000** SEC. TEST PRESSURE: **5000** PSIG. WATER RATE: **500** GPM. GAS RATE: **500** SCFM. GAS-OIL RATIO: **500** SCF/BBL. TEST WITNESSED BY: **ED**TESTING PRESSURE: **5000** PSIG. Casing Pressure: **5000** PSIG. Calculated 24-Hour Rate: **6000** GPM. Water Rate: **500** GPM. Gas Rate: **500** SCFM. Gas-Oil Ratio: **500** SCF/BBL.33. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **N.A.** TEST WITNESSED BY: **ED**34. LIST OF ATTACHMENTS: **ED**

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

SIGNED **W. B. Dailey** TITLE: **MANAGERMENT ANALYST** D.T.D. **4-1-79**

GSC 53 NMTC 4 \* (See Instructions and Spaces for Additional Data on Reverse Side)

FBI/DOJ

the local jurisdiction to implement Federal and/or State laws and regulations. Any necessary specific instructions, constraints, or disclaimers, may be issued, and submitted, pertaining 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 21, 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, levels, etc.), furnaces or Federal office for specific instructions.

**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 data 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 intervals, 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:** "Sands 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 steps 22 and 24 above.)

**III. SUMMARY OF COLOR'S ZONES  
SHOW ALL IMPLORAL ZONES OF PRODUCING THICKNESS, CORE, INTERVAL, AREA AND METHODS OF TESTS, AND DEPTH  
DEPTH, INFECTION, TESTED, CUSTODIAN, TIME, THICK, OPEN, CLOWING, AND SHIFT IN PRESSURE, AND RECOVERIES  
INFORMATION**

**TOP DEPTH** **BOULDER** **DESCRIPTION, CUSTODIAN, ETC.** **THICK** **SQUARE** **TESTED**  
METERS METERS METERS METERS METERS METERS METERS METERS METERS

LIVE 1910 29 METRIC  
EASTERN DEPTHS

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICA

When this  
form is used  
reverse side.Form approved  
Budget Bureau No. 42-10755-5.

6. INDIAN DESIGNATION AND SERIAL NO.

W.A. OGLE

6. IN INDIAN ALLOTTEE OR TRIBE NAME

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:	WELL <input checked="" type="checkbox"/> GASH <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>	1b. TYPE OF COMPLETION:	NEW <input type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> THERM <input type="checkbox"/> OTHER <input type="checkbox"/>				
1c. NAME OF OPERATOR:	S. M. DRILLING CO.						
1d. ADDRESS OF OPERATOR:	100 W. FIELD AND POOL DR. WILDCAT						
4. LOCATION OF WELL (Report location clearly in accordance with the State requirements.)	LATITUDE & LONGITUDE SEC. 20 T. 20 S. R. 31 E.						
At surface	ELEVATION 760' FEET AND 1050' TD.						
At top prod. Interval reported below	SAME						
At total depth	SAME						
15. DATE SPILLED	16. DATE TD. REACHED	17. DATE CEMENTED (Report all intervals)	18. ELEVATION'S (TD., RIB., RT., GE. ETC.)				
1-14-79	1-14-79	1-14-79	19. ELEV. CASING HEAD				
20. TOTAL DEPTH, MD & TV	21. PLUMB BACK TD. (TD. & TV)	22. TD. SIGHT LINE COMM.	23. MATERIALS - CEMENT TOOLS SHIPPED BY				
5760'	5760'	5760'	CASES				
24. PRODUCTION INTERVALS OF THIS COMPLETION (Top, bottom, MD, GASH, TD., AND TV.)	25. WAS TESTED						
6257-6252	YES						
26. TYPE ELECTRIC AND OTHER LOGS RUN	27. WAS WELL TESTED						
28. CASING RECORD (Report all intervals tested)	29. TUBING RECORD						
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	SIZE	SPACING REC'D.	AMOUNT FULFILLED		
10 1/2"	26#	1-1200	12 1/2"	4 1/2"	32%		
8 1/2"	23#	6700	8 1/2"	3 1/2"	32%		
29. LINER RECORD	30. TUBING RECORD						
TYPE	TOP (MD)	BOTTOM (MD)	SAMES CEMENT	SCREEN (MD)	SIZE	SPACING SET (MD)	PACIFIC SET (MD)
					3 1/2"	6 1/2"	10 1/2"
31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						
6450'-67, 70, 73, 98 & 307, 12, 14, 16, 18, 21, 27, 28, 34, 37, 42, 45	DEPTH INTERVAL (MD)	AMOUNT AND TYPE OF MATERIAL USED					
68, 20, 24, 26, 29 w/10 ft.	6450'-6250	ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
6257, 66, 67, 307, 22, 38, 45, 43, 49 w/10 ft.	6250'-6000	ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
33. PRODUCTION RECORD	DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, BOP, etc.), PUMPING - size and type of pump	UNITED STATES (including Alaska)				
4-8-79							
DATE OF TEST	HOURS TESTED	CHOKES SIZE	OPEN FOR TEST PERIOD	OIL (BBL.)	WATER (BTU.)	GAS (MMBU.)	
5-15-79	24	NA	24 HRS.	80	2000	18,117	
FLOW, TUBING PRESS.	TESTING PRESSURE	CALCULATED 24 HOUR RATE					
34. DISPOSITION OF GAS (SOLD, used for fuel, treated, etc.)				TEST WITNESSED BY			
8000							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct and is taken from the available record.							

SIGNED

*W. A. Ogle*

TITLE: ASSISTANT SUPERVISOR

DATE: 5-15-79

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

