

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT

(See other in-
structions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SECTION, R., M., OR BLOCK AND SURVEY
OR AREA

12. COUNTY OR
PARISH

13. STATE

WELL COMPLETION OR RECOMPLETION RECORD 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

3. ADDRESS OF OPERATOR

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

At surface 150' PUL & 150' PUL Sec. 31, T-26S, R-47E

At top prod. interval reported below New Mexico UNM

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 10-10-66 16. DATE T.D. REACHED 10-12-66 17. DATE COMPL. (Ready to prod.) 11-12-66 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2025 19. ELEV. CASINGHEAD 1025

20. TOTAL DEPTH, MD & TVD 3277 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN 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	AMOUNT PULLED
7 1/8	44	409	8 3/4	200 lb. Cement "C"	
4 1/2	24	3277	6 3/4	100 lb. Cement "C"	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1120	3104

31. PERFORATION RECORD (Interval, size and number)

3177, 3183, 3203, 3216, 3225, and
3230 4/1 3183

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3172-3230	2000 1/2" 800 lbs. 185 2000 1/2" 800 lbs. 185

33.* PRODUCTION

DATE FIRST PRODUCTION 11-12-66 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 2" 20" WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 11-15-66 HOURS TESTED 2 CHOKER SIZE 2" PROD'N. FOR TEST PERIOD 41 OIL—BBL. 31 GAS—MCF. 20 WATER—BBL. 20 GAS-OIL RATIO 1.34

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE 41 OIL—BBL. 31 GAS—MCF. 20 WATER—BBL. 20 OIL GRAVITY-API (CORR.) 20.3

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY 20.3

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 11-17-66 TITLE 11-17-66 DATE 11-17-66

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

0306-5 1000 AM-1000-2 1000-1000-2 1000-1000-2 1000-1000-2

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, and/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.), formations, and other data, 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 13: 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 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH