

NMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 1418	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESSVR. ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336		8. FARM OR LEASE NAME Yates Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations) At surface 660' FSL x 2310' FWL Sec. 15 (Unit N SE/4 SW/4) At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED MAY - 8 1978	
15. DATE SPUDDED 12-8-77		16. DATE T.D. REACHED 8931'	
17. DATE COMPL. (Ready to prod.) 3-30-78		18. ELEV. CASINGHEAD 3680 GR	
20. TOTAL DEPTH, MD & TVD 8931		21. PLUG. BACK T.D., MD & TVD 8905	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0 to TD CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8858'-8872' Morrow		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Comp. Neutron Formation Density, Borehole Comp Sonic Log, Micro SFL		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13 3/8"	48#	210	17 1/2"
8 5/8"	24#	1990'	12 1/4"
5 1/2"	15.5#, 17#	8931'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
200sx Incor			
920sx Incor Class C			
2150sx Trinity Lite & Cl. H			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)	8930	
2 3/8"	8930		
31. PERFORATION RECORD (Interval, size and number) 8858'-8872'-4JSPF			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
8858'-8872'		5000 gal 10% Morrow Flow	
		30400 gal 70% Versagel Frac	
		w/30% CO ₂	
33.* PRODUCTION			
DATE FIRST PRODUCTION 3-15-78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut-in			
DATE OF TEST 3-30-78	HOURS TESTED 24 hrs	CHOKE SIZE 12/64"	PROD'N. FOR TEST PERIOD 3
OIL—BBL. 3	GAS—MCF. 940	WATER—BBL. 0	GAS-OIL RATIO 313,333
FLOW. TUBING PRESS. 1250	CASINO PRESSURE NA	CALCULATED 24-HOUR RATE 3	GAS—MCF. 940
WATER—BBL. 0	OIL GRAVITY-API (CORR.) NA		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold			
35. LIST OF ATTACHMENTS Logs per Item #26			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Ray W. Cox		TITLE Administrative Supervisor	
DATE 5-3-78			

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: "Stacks General": 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
Morrow	8858	8872	Gas Zone	Drinkard Lower Clearfork Abo Wolfcamp Lower Canyon Strawn Atoka Middle Morrow Miss. Chester	3122 3343 3810 5083 7373 7988 8430 8700 8920