Form 9-330
(Rev. 5-63)

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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.

C/SF

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

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ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM-25953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal AI Com.

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: ~~Wildcat~~ SALT DRAW Atoka

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 34-24-28

2. NAME OF OPERATOR: Amoco Production Company ✓

3. ADDRESS OF OPERATOR: P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements.*)
At surface: 1980' FSL x 1980' FEL, Sec. 34
At top prod. interval reported below: (Unit J, NW/4, SW/4)
At total depth:

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Eddy | 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
6-13-80	9-25-80	2-15-81	3006.9 GL	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
13619	13100			X	

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

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED: Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20	94	407	26	960 sx Class C	TCMT Suf.
13-3/8	61, 54.5	2487	17-1/2	2240 sx lite, 300 Cl C	250
9-5/8	40	9900	12-1/4	2760 sx lite, 300 Cl H	TCMT-2930
7-5/8	39	9387-12309	8-1/2	100 sx lite, 475 Cl H	TCMT-9387

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4-1/2	11798	13618	250	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	12043	10804

31. PERFORATION RECORD (*Interval, size and number*)

12044-12051 .4 inch

4 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
3-1-82	Flowing	

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-15-82	24	32/64	→		1055		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
520		→				

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

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD
PETER W. CHESTER
MAR 25 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

TEST WITNESSED BY

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

SIGNED [signature] TITLE Assist. Admin. Analyst DATE 3-17-82

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Morrow	13170	13312	Condensate, gas, water

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Delaware	2616	
Bone Springs	6610	
Wolfcamp	9763	
Penn	11410	
Strawn	11597	
Atoka	11809	
Morrow	12160	

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