

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐					
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other		
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 1650' FNL X 1980' FWL (Unit K, NE/4, SW/4)							
At top prod. interval reported below									
At total depth									
14. PERMIT NO.		DATE ISSUED							
15. DATE SHUDDER		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
5-28-82		10-07-82		07-05-83		2959.7' GL			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
14418		12850				0-TD		11680'-11918' Wolfcamp	
25. WAS DIRECTIONAL SURVEY MADE		No							
26. TYPE ELECTRIC AND OTHER LOGS RUN		Dual Laterolog; Compensated Neutron-Formation Density							
27. WAS WELL CORED		No							
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	395	26	900 sx Class C			circ. 125 sx		
13-3/8"	54.5, 61	3260	17-1/2	2950 sx lite, 200 ClC			circ. 250 sx		
9-5/8"	43.5, 47, 53.5	10750	12-1/4	1450 sx ClH, 1800 Cl C			TCMT 1500		
29. LINER RECORD									
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD				
7"	10225	13599	1100		SIZE	DEPTH SET (MD)	PACKER SET (MD)		
					2-7/8	11564	10150		
31. PERFORATION RECORD (Interval, size and number)									
11898'-11918' w/2 JSPF 11680'-11690' and 11694'-11700'									
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL (MD)					AMOUNT AND KIND OF MATERIAL USED				
11680'-11918'					300 gal A-Sol, 6000 gal 15% HCL A-Sol mixture				
33. PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)			
1-15-83		Flowing				shut-in			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO		
6-5-83	24	24/64"		0	135	11			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	GRAVITY-API (CORR.)			
50 PSI			0	135	11				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)									
To be sold									
35. LIST OF ATTACHMENTS									
Logs mailed 10-20-82									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
SIGNED		TITLE				DATE			
[Signature]		Asst. Admin. Analyst				7-15-83			
		ROSWELL, NEW MEXICO							

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

0+6-BLM, R 1-HOU, R.E.Ogden, Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CLF

45F

RECEIVED
JUL 15 8 07 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

ACCEPTED FOR RECORD

AUG 8 1983

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 Content"; 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:				38. GEOLOGIC MARKERS			
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				NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.				
Wolfcamp	11680'	11918'	Condensate, gas, water				