

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. Jicarilla Contract 148	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		8. FARM OR LEASE NAME Jicarilla Contract 148	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 920' FNL x 1620' FEL At top prod. interval reported below Same At total depth Same		9. WELL NO.: 20	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Otero Chacra	
15. DATE SPUNDED 11-27-80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NW/4, NE/4, Section 23, T25N, R5W	
16. DATE T.D. REACHED 12-2-80		12. COUNTY OR PARISH Rio Arriba	
17. DATE COMPL. (Ready to prod.) 9-21-81		13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6830' G.L.		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 4150		21. PLUG, BACK T.D., MD & TVD 4105	
22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY → 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3918-3950 Otero Chacra		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR; SP; DIL; Compensated Neutron; Compensated 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
8 5/8"	24#	284'	12 1/4"
5 1/2"	17#	4150'	7 7/8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 1/16"	3952'	3265'	
1 1/4"	3113'		
31. PERFORATION RECORD (Interval, size and number) 3918-3950, with 2 spf, a total of 64, .38" holes.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3918-3950		64,000 gallons of frac fluid and 103,750 pounds of 10-20 sand.	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		Flowing	
DATE OF TEST		HOURS TESTED	
5-28-81		3 Hrs.	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
.75"		→	
FLOW. TUBING PRESS.		CASING PRESSURE	
43 PSIG		218 PSIG	
CALCULATED 24-HOUR RATE		OIL—BBL.	
→		657	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
To be sold			
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

Original Signed By
E. E. SVOBODA/bst

TITLE Dist. Admin. Supvr.

DATE 10-22-81

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

Revised form 9-330 to revise tubing depth and date completed.

NIMCOO

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 33.

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 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; CURED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL DOWN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38.	GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	2420	2667				
Kirtland	2667	2890				
Fruitland	2890	3030				
Pictured Cliff	3030	3100				
Chacra	3904	4034				