

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY						5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 155	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 910' PSL & 1850' PWL At top prod. interval reported below Same At total depth Same						7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Jicarilla Contract 155	
14. PERMIT NO. _____ DATE ISSUED _____						9. WELL NO. 23	
15. DATE SPUNDED 12-21-72						10. FIELD AND POOL, OR WILDCAT Otero Chacra (Dual)	
16. DATE T.D. REACHED 1-5-73						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SE/4 SW/4 Section 32, T-26-N, R-5-W	
17. DATE COMPL. (Ready to prod.) 2-15-73						12. COUNTY OR PARISH Rio Arriba	
18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 6494' GL, 6507' KB						13. STATE New Mexico	
19. ELEV. CASINGHEAD 6494'						20. TOTAL DEPTH, MD & TVD 5230'	
21. PLUG, BACK T.D., MD & TVD 5194'						22. IF MULTIPLE COMPL., HOW MANY* Dual	
23. INTERVALS DRILLED BY →						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3640-3660' Chacra	
25. ROTARY TOOLS 0-TD						26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric & Gamma Ray Density	
27. CABLE TOOLS →						28. WAS DIRECTIONAL SURVEY MADE No	
29. WAS WELL CORED No						30. TYPE OF LOGS RUN Induction Electric & Gamma Ray Density	
31. Casing Record (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8-5/8"		23#		423'		12-1/4"	
5-1/2"		14#		5230'		7-7/8"	
32. Liner Record							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
33. Tubing Record							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
1-1/4"		3653'		4908'			
34. Perforation Record (Interval, size and number)							
3640-60' x 1 SPF				35. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
3640-60'				Frac x 25,326 gals. treated water and 20,000 pounds sand.			
36. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				Shut In	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
2-8-73		3		0.750"		→	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
65 psig		SI 812		→		925 (AOF 1097)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
						T. M. Oliver	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
Original Signed by J. ARNOLD SNEDE							
SIGNED		TITLE		DATE		March 6, 1973	

*(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 19: 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Chacra Point Lookout	3636' 4870'	3676' 5147'	Natural gas Natural gas	Pictured Cliffs Lewis Chacra Cliffhouse Manefee Point Lookout Mancos	2752' 2833' 3636' 4405' 4486' 4870' 5147'	