

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

a. 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 Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1650' FSL x 1800' FWL
At top prod. interval reported below Same
At total depth Same

5. LEASE DESIGNATION AND SERIAL NO.
SF-078904-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
30-645-26706

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
265E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
NE/SW Sec. 25, T28N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. PERMIT NO. DATE ISSUED
15. DATE SPUDDED 1-31-86 16. DATE T.D. REACHED 2-7-86 17. DATE COMPL. (Ready to prod.) 4-10-86 18. ELEVATIONS (DF, P&B, RC, GR, ETC.)* 5908' KB 19. ELEV. CASINGHEAD 5896' GR

20. TOTAL DEPTH, MD & TVD 6452' 21. PLUG, BACK T.D., MD & TVD 6395' 22. IF MULTIPLE COMPLEMENTS, HOW MANY? One 23. INTERVALS DRILLED BY ROTARY TOOLS 0 - TD CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD & TVD)* 6214' - 6348' Dakota 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN DIL, SP, GR - CNL, CDL, GR, Caliper 27. WAS WELL CORED No

28. CASING RECORD (Report all strings)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	36# J55	349'	12-1/4"	271 cf Class B Portland	
7"	23# 26# K55	6452'	8-3/4"	260 cf Class B Portland	
				322 cf Class B Portland	
				710 cf Class B Portland	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	6360'	

31. PERFORATION RECORD (Interval, size and number)
6214'-6228', 6238'-6248', 6284'-6326', 6336'-6348', 2 jspf, .48" dia. 156 holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6214'-6348'	110,000 gal. 70 qual foam
	165,000# 20-40 mesh brady sand.

33.* PRODUCTION

DATE FIRST PRODUCTION 4-23-86 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut In

DATE OF TEST 4-24-86 HOURS TESTED 3 CHOKE SIZE .75" PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO 221

FLOW. TUBING PRESS. 140 CASING PRESSURE 530 CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.) 1771

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold TEST WITNESSED BY J.J. Barnett

35. LIST OF ATTACHMENTS None ACCEPTED FOR RECORD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED BD Shaw TITLE Adm. Supervisor DATE 4-29-86

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Amaco Production Co</u>	Well AP# No. <u>30-045-26706</u>
Address <u>2325 E. 30th Street, Farmington NM 87401</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective <u>4-1-89</u> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallegos Canyon Unit</u>	Well No. <u>265E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF078904A</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1800</u> Feet From The <u>W</u> Line Section <u>25</u> Township <u>28 N</u> Range <u>12 W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Meridian Oil Inc.</u> <u>281314</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington NM 87499</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Pase Natural Gas Co</u> <u>2813142</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4990, Farmington NM 87499</u>			
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>25</u> Twp. <u>28N</u> Rge. <u>12 W</u>	Is gas actually connected?	When?		
	<u>NO</u>			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA WTR 2813143

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow Control, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

RECEIVED
APR 17 1989
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B.D. Shaw
Signature
B.D. Shaw
Printed Name
Adm. Supv.
Title
APR 17 1989
Date
(505) 325-8841
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 1989

By B.D. Shaw

SUPERVISION DISTRICT # 3

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.