

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 _____	
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											
501 AIRPORT DRIVE, FARMINGTON, NM 87401											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*											
At surface 890' FSL x 1520' FSL, Section 10, T-29-N, R-9-W											
At top prod. interval reported below											
At total depth Same											
Same											
14. PERMIT NO.						DATE ISSUED					
15. DATE SPUDDED 9/20/77											
16. DATE T.D. REACHED 9/27/77											
17. DATE COMPL. (Ready to prod.) 12/13/77											
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5832' CL, 5845' KB											
19. ELEV. CASINGHEAD											
20. TOTAL DEPTH, MD & TVD 4900'				21. PLUG, BACK T.D., MD & TVD 4854'				22. IF MULTIPLE COMPL., HOW MANY*			
								23. INTERVALS DRILLED BY			
								O-TD			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*											
4076-4784, Menoverde											
25. WAS DIRECTIONAL SURVEY MADE											
26. TYPE ELECTRIC AND OTHER LOGS RUN											
27. WAS WELL CORED											
28. CASING RECORD (Report all strings set in well)											
Compensated Density, Correlation, Induction Gamma Ray, Sidewall Neutron											
29. LINER RECORD											
30. TUBING RECORD											
31. PERFORATION RECORD (Interval, size and number)											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
33. PRODUCTION											
34. DISPOSITION OF GAS (See instructions for fuel, vented, etc.)											
35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED <u>E. E. L. L. L.</u> TITLE <u>Area Adm. Supervisor</u> DATE <u>1/10/78</u>											

*(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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Fruitland	2159'	2395'				
Pictured Cliffs	2395'	4056'				
Mesaverde	4056'	4801'				
Mancos	4801'					