

**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 1770' FSL X 1100' FWL, Section 15, T29N, R12W At top prod. interval reported below same At total depth same								
RECEIVED JUL 14 1980 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.								
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPLETED				
2-6-80		2-14-80		3-29-80				
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*				
6396'		6366'						
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6103-6117', 6176-6216' Dakota				25. WAS DIRECTIONAL SURVEY MADE NO				
26. TYPE ELECTRIC AND OTHER LOGS RUN IES-GR, CNP-CDP-GR log				27. WAS WELL CORED NO				
23. CASING RECORD (Report all strings set in well)								
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD				
8-5/8"	24#	298'	12-1/4"	315 SX				
4-1/2"	11.6#	6391'	7-7/8"	1275 SX				
29. LINER RECORD				30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	SACKS CEMENT*	SCREEN (MD)
					2-3/8"	6228'		None
31. PERFORATION RECORD (Interval, size and number) 6103-6117', 6176-6216', with 2 spf, a total of 108, .38" holes.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED							
6103-6216	69,000 gal of frac fluid X 221,000# of 20-40 sand							
33.* PRODUCTION								
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)		
		Flowing				SI		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5-14-80	3 hours	.75	→		43			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
18 psig	142 psig	→		345				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) to be sold				TEST WITNESSED BY				
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 <u>E. E. SYOBODA</u>		TITLE <u>Dist. Adm. Supvr.</u>		DATE <u>JUL 14 1980</u>				

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

111600

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: "Seals 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:			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				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
			TOP	
			TRUE VERT. DEPTH	
Ojo Alamo	Surface			
Kirtland -				
Fruitland	390	1580		
Pictured Cliffs	1580	1700		
Cliffhouse	3200	3320		
Menefee	3320	4000		
Point Lookout	4000	4150		
Gallup	5250	5620		
Greenhorn	5990	6070		
Dakota	6100	--		