

(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 840' FNL X 1580' FWL Section 31, T29N, R12W At top prod. interval reported below same At total depth same											
14. PERMIT NO.				DATE ISSUED							
15. DATE SPUDDED 4-20-80											
16. DATE T.D. REACHED 4-27-80			17. DATE COMPL. (Ready to prod.) 6-21-80			18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5587' GL			19. ELEV. CASINGHEAD		
20. TOTAL DEPTH, MD & TVD 6280'		21. PLUG, BACK T.D., MD & TVD 6194'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS O-TD		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6008-6020', 6088-6138' Dakota										25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN										27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8-5/8"		24#		313'		12-1/4"		315 SX		--	
4-1/2"		10.5#		6280'		7-7/8"		1560 SX		--	
29. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
										SIZE 2-3/8"	
										DEPTH SET (MD) 6257'	
										PACKER SET (MD) None	
31. PERFORATION RECORD (Interval, size and number) 6008-6020', and 6088-6138' with 2" spf, a total of 120, .38" holes.						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED					
6008-6138'						99,800 gal of frac fluid X					
						140,000# of 20-40 sand					
33.* PRODUCTION											
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing						WELL STATUS (Producing or shut-in) SI			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BSL.		GAS—MCF.	
7-7-80		3 hours		.75		→				177	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BSL.		GAS—MCF.		WATER—BSL.	
110 psig		364 psig		→				1416			
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				TITLE				DATE			
[Signature]				Dist. Adm. Supvr.				7-16-80			

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

NMOCC

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:				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				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
Picture Cliffs	1428	1480	Shaley sand			
Lewis Shale	1480	3130	Shale			
Mesaverde	3130	4210	Shaley sand			
Mancos Shale	4210	5128	Shale			
Gallup	5128	5574	Shaley sand			
Mancos Shale	5574	5918	Shale			
Greenhorn	5918	5960	Limestone			
Graneros Shale	5960	6008	Shale			
Graneros Dakota	6008	6020	Shaley sand			
Main Dakota	6088	6138	Shaley sand			