

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 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. ☐
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 940' FNL x 1590' FEL At top prod. interval reported below Same At total depth Same						
14. PERMIT NO.		DATE ISSUED				
12. COUNTY OR PARISH San Juan		13. STATE New Mexico				

15. DATE SPUDDED 10-16-81	16. DATE T.D. REACHED 10-26-81	17. DATE COMPL. (Ready to prod.) 11-19-81	18. ELEVATIONS (DF, RRB, RT, GR, ETC.)* 5601' G.L.	19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 6340'	21. PLUG, BACK T.D., MD & TVD 6270'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS 0 - TD	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6068'-6074', 6092'-6093', 6136'-6140', 6144'-6170', 6183'-6186'				25. WAS DIRECTIONAL SURVEY MADE NO
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction - SFL-GR-SP; CNL-FDL-SP-Caliper				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#	295'	12-1/4"	320 SX	
4-1/2"	10.5#	6340'	7-7/8"	1640 SX	

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"	6203'	

31. PERFORATION RECORD (Interval, size and number) 6068'-6074', 6092'-6093', 6136'-6140', 6144'-6170', 6183'-6186'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6068'-6186'		100,000 gallons of frac fluid and 299,000 pounds 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) Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-15-81	3 hours	.75"			432		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	GRAVITY-API (CORR.)	
280 PSIG	722 PSIG			3456			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold.		35. LIST OF ATTACHMENTS	
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36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED _____	TITLE Dist. Admin. Supvr.
DATE DEC 31 1991	

*(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: 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
Ojo Alamo	Not On Logs	478				
Kirtland	Not on Logs	735				
Fruitland	478	1590				
Pictured Cliffs	1540	1655				
Lewis Shale	1590	2668				
Chacra	2655	4280				
Mesaverde	3100	3226				
Cliff House	3100	3938				
Mennefee	3226	4280				
Point Lookout	3938	5212				
Mancos	4280	5750				
Gallup	5212	6020				
Greenhorn	5972	6144				
Graneros Dakota	6066					
Main Dakota	6144	Not on Logs				