

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

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 850' FNL and 1550' FWL. Section 17, T29N, R12W At top prod. interval reported below Same At total depth Same					
14. PERMIT NO. GEOLOGICAL SURVEY FARMINGTON, N. M.					
15. DATE SPUDDED 11-30-81		16. DATE T.D. REACHED 12-10-81		17. DATE COMPL. (Ready to prod.) 12-24-81	
20. TOTAL DEPTH, MD & TVD 6311'		21. PLUG, BACK T.D., MD & TVD 6267'		22. IF MULTIPLE COMPL., HOW MANY*	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6066', 6202', Dakota		18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* 5589' G.L.		19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN DIGL - CDNL - GCPR		23. INTERVALS DRILLED BY 0 - TD		25. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)			
CASSINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8-5/8"		24#		326'	
4-1/2"		10.5#		6311'	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)	
SIZE		TOP (MD)		BOTTOM (MD)	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
		6066'-6202'		107,000 gallons frac fluid and 325,000 pounds of sand.	
33.* PRODUCTION		DATE FIRST PRODUCTION 12-24-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut-In		DATE OF TEST 1-20-82		HOURS TESTED 3	
CHOKE SIZE .75"		PROD'N. FOR TEST PERIOD →		OIL—BBL. 317	
GAS—MCF. 2532		WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS. 204 psig		CASING PRESSURE 446 psig		CALCULATED 24-HOUR RATE →	
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.					

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

NMOC

BY

FARMINGTON DISTRICT

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	Behind Surface Casing					
Pictured Cliffs	1534	1573				
Lewis Shale	1573	3108				
Mesaverde	3108	4318				
Mancos Shale	4318	5222				
Gallup	5222	5750				
Greenhorn	5831	6026				
Graneros Shale	6026	6064				
Graneros Dakota	6064	6136				
Main Dakota	6136	6218				