

COPY TO O. G. C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-12412	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240		8. FARM OR LEASE NAME Federal AW #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FNL & 660' FWL, Sec. 26 At top prod. interval reported below (Unit E, SW/4, NW/4) At total depth		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat Wolfcamp	
15. DATE SPUNDED 10-6-80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 26-19-32	
16. DATE T.D. REACHED 12-30-81		12. COUNTY OR TOWNSHIP Lea NM	
17. DATE COMPL. (Ready to prod.) 3-23-81		13. STATE	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3581.8' GL		14. PERMIT NO.	
19. ELEV. CASINGHEAD		15. DATE ISSUED APR 6 1981	
20. TOTAL DEPTH, MD & TVD 13520'		16. COUNTY OR TOWNSHIP Lea NM	
21. PLUG, BACK T.D., MD & TVD		17. DATE COMPL. (Ready to prod.)	
22. IF MULTIPLE COMPL., HOW MANY*		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS		19. ELEV. CASINGHEAD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 10805'-10966'		20. TOTAL DEPTH, MD & TVD	
25. TYPE ELECTRIC AND OTHER LOGS RUN Compensated neutron form density; Dual laterolog Micro SFL		21. PLUG, BACK T.D., MD & TVD	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated neutron form density; Dual laterolog Micro SFL		22. IF MULTIPLE COMPL., HOW MANY*	
27. WAS WELL CORRED No		23. INTERVALS DRILLED BY	
28. CASING RECORD (Report all strings set in well)		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
29. LINER RECORD		25. TYPE ELECTRIC AND OTHER LOGS RUN	
30. TUBING RECORD		26. TYPE ELECTRIC AND OTHER LOGS RUN	
31. PERFORATION RECORD (Interval, size and number)		27. WAS WELL CORRED	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		28. CASING RECORD (Report all strings set in well)	
33. PRODUCTION		29. LINER RECORD	
34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)		30. TUBING RECORD	
35. LIST OF ATTACHMENTS		31. PERFORATION RECORD (Interval, size and number)	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIGNED <u>Benton Green</u>		33. PRODUCTION	
TITLE <u>Assist. Admin. Analyst</u>		34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)	
DATE <u>3-26-81</u>		35. LIST OF ATTACHMENTS	

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

0+4-USGS, H 1-Hou 1-LBG 1-W. Stafford, Hou 1-Susp

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Wolfcamp	10805'	10966'	Oil, gas, and water

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	5910'	
Bone Springs	7566'	
Wolfcamp	10796'	
Strawn	11956'	
Atoka	12305'	
Morrow	12572'	

RECEIVED
APR 14 '81
OIL CONSERVATION DIV.