

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Bulldoz 11/10/64 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
BOX 69, HOSES, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
 At surface: **660' FNL x 660' FWL Sec. 21 (Unit D, NW1/4 NW1/4)**
 At top prod. interval reported below _____
 At total depth _____

5. LEASE DESIGNATION AND SERIAL NO.

NM-7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MNERS B FEDERAL

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATTIX OIL

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

21-24-37 NM PM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

15. DATE STUDDED: **8-27-72** 16. DATE T.D. REACHED: **9-2-72** 17. DATE COMPL. (Ready to prod.): **9-9-72** 18. ELEVATIONS (DE, RKB, RT, GR, ETC.):* **3251' RDB** 19. ELEV. CASINGHEAD: **-**

20. TOTAL DEPTH, MD & TVD: **3696'** 21. PLUG, BACK T.D., MD & TVD: **3672'** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY: **0-TD** ROTARY TOOLS: _____ CABLE TOOLS: _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*
3400-3626' QUEEN 25. WAS DIRECTIONAL SURVEY MADE: **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN: **Gamma** 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	365'	12 1/4	2255x (cnc)	
5 1/2	14	3696'	7 7/8	250 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	3630	

31. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3400-3626	1500 gal 15% LSTNE Acid 700c 44000 gal gel + 1-2 1/2" 5N/gal.

32. PRODUCTION

DATE FIRST PRODUCTION: **9-11-72** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump): **PMP** WELL STATUS (Producing or shut-in): **PROD.**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-20-72	24	-	→	36	TSTM	16	TSTM

FLOW. LIFTING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **Vent** TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS: **None**

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

TITLE: **Area Suppl** DATE: **9-20-72**

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

1-11-72
1-DIV
1-2000 71/2

INSTRUCTIONS

General: This form is designed for submission of a complete and correct well completion report, including all logs, test reports, and other pertinent data, to the State or Federal office for applicable Federal or State laws and regulations. Any deviations from the instructions should be noted on the back of the report. This form should be filed with the State or Federal office for applicable Federal or State laws and regulations. Any deviations from the instructions should be noted on the back of the report. This form should be filed with the State or Federal office for applicable Federal or State laws and regulations. Any deviations from the instructions should be noted on the back of the report.

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.)

FORMATION		GEOLOGIC MARKERS	
TOP	BOTTOM	NAME	MEAS. DEPTH
3400	3626	T-YATES	2896
		T-7R	3149
		T-QUEEN	3434
		T-PENROSE	3544
		T-GRAB	3632

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

DESCRIPTION, CONTENTS, ETC.

Oil & Gas Prod Zone

RECEIVED

OIL CONSERVATION COMM. HOODS, N. M.