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OPERATOR	

Form O-105
Revised 11-1-78

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

51. Indicate Type of Lease
State Free

1a. TYPE OF WELL
OIL WELL GAS WELL CO₂ DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

52. Lease Agreement Name
BDCDGU

53. Name of Lease Name
BDCDGU 2433

2. Name of Operator
Amoco Production Company

54. Well No.
301

3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240

55. Field and Pool, or Wildcat
Und. Tubb

4. Location of Well
UNIT LETTER G LOCATED 1650 FEET FROM THE North LINE AND 1650 FEET FROM
THE East LINE OF SEC. 30 TWP. 24-N RGE. 33-E NMPM

56. Locality
Union

15. Date Spudded 8-14-81 16. Date T.D. Reached 8-15-81 17. Date Compl. (Ready to Prod.) _____

18. Elevations (D.F., RKB, RT, GR, etc.) 5260' GL 19. Elev. Casinghead _____

20. Total Depth 282' 21. Plug Back T.D. 0 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
None

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
None

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
None

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) PXA

Date of Test	Hours Tested	Choke Size	Prod'n. Per Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Tubing 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.) _____ Test Witnessed By _____

35. List of Attachments _____

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Cathy R. Jorman TITLE Assist. Admin. Analyst DATE 1-19-83

0+2-NMOC, SF, 1-HOU 1-SUSP 1-CLF 1-Amerada 1-Amerigas 1-Cities Serv.
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun. Tex.

