

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE
(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESRV. Other

2. NAME OF OPERATOR: Amoco Production Company

3. ADDRESS OF OPERATOR: P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 1980' FNL X 1980 FWL, Sec. 6 (Unit F, SE/4 of NW/4)
At top prod. interval reported below: _____
At total depth: _____

14. PERMIT NO. _____ DATE ISSUED: OCT 1 1981

5. LEASE DESIGNATION AND SERIAL NO.: NM-077002

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: _____

7. UNIT AGREEMENT NAME: _____

8. FARM OR LEASE NAME: Nellis Federal

9. WELL NO.: 3

10. FIELD AND POOL, OR WILDCAT: Wildcat Wolfcamp

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 6-19-33

12. COUNTY OR PARISH: Lea

13. STATE: NM

15. DATE SPUNDED: 2-15-79

16. DATE T.D. REACHED: 4-8-79

17. DATE COMPL. (Ready to prod.): 9-22-81

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: 3720 RDB

19. ELEV. CASINGHEAD: _____

20. TOTAL DEPTH, MD & TVD: 13715

21. PLUG, BACK T.D., MD & TVD: 13660

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)*: 10856-10902 Wolfcamp

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Dual Laterolog Micro-SFL, Comp. Neutron Form Density

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
13-3/8"	48#	471	17-1/2"	500 SX C1. C	
9-5/8"	36#	5003	12-1/4"	2380 SX B0 Lite & 200 SX C1. C	
5-1/2"	17-20#	13710	8-3/4"	1380 SX Trinity Lite & 1325 SX C1. H	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number): 10856-10902 w/2 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD): 10856-10902
AMOUNT AND KIND OF MATERIAL USED: 5000 gal. 20% HCL

33.* PRODUCTION

DATE FIRST PRODUCTION: 9-22-81

PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump): Pump

WELL STATUS (Producing or shut-in): Producing

DATE OF TEST: 9-22-81

HOURS TESTED: 24

CHOKER SIZE: _____

PROD'N. FOR TEST PERIOD: _____

OIL--BBL.: 3

GAS--MCF.: 0

WATER--BBL.: 29

GAS-OIL RATIO: _____

FLOW. TUBING PRESS.: _____

CASING PRESSURE: _____

CALCULATED 24-HOUR RATE: _____

OIL--BBL.: 3

GAS--MCF.: 0

WATER--BBL.: 29

OIL GRAVITY-API (CORR.): _____

34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.): _____

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

SIGNED: Mark Randolph TITLE: Assist. Admin. Analyst DATE: 9-29-81

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

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: "Seals Cemented": 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	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS
Wolfcamp	10856	10902	Oil and water	Delaware	5211
				1st Bone Springs	7452
				2nd Bone Springs	8711
				3rd Bone Springs	10310
				Wolfcamp	10754
				Strawn	12140
				Atoka	12572
				Mid Morrow	13056
				Barnett	13659