

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM OIL CONS.
DRAWING IN DURING COMMISSION
Artesia (See other instructions on reverse side)

NOV 10 1982

Form 9-330
Budget Bureau 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						UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240						FORM OR LEASE NAME Federal AZ	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 2080' FSL X 660' FEL, Sec. 29 At top prod. interval reported below (Unit I, NE/4, SE/4) At total depth						9. WELL NO. 1	
14. PERMIT NO.						DATE ISSUED NOV 5 1982	
15. DATE SPUDDED 6-18-80						16. DATE T.D. REACHED 6-29-80	
17. DATE COMPL. (Ready to prod.) Incomplete						18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2980.6 GR	
20. TOTAL DEPTH, MD & TVD 3580						21. PLUG, BACK T.D., MD & TVD 3512	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3350-3396 Delaware						19. ELEV. CASINGHEAD 29-26-30	
25. WAS DIRECTIONAL SURVEY MADE Yes						12. COUNTY OR PARISH Eddy	
26. TYPE ELECTRIC AND OTHER LOGS RUN						13. STATE NM	
27. WAS WELL CORED							
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	950	17-1/2	1100 SX C1C 2% CACL	216 SX.	
9-5/8		36	3555	12-1/4	1700 lite, 200 C1C	TCMT 410	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	
					2-7/8	3310	
						PACKER SET (MD) 3065	
31. PERFORATION RECORD (Interval, size and number) 3350-3396 .4" 1 JSPF				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				3350-96			
				AMOUNT AND KIND OF MATERIAL USED			
				1500 gal. 15% HCL			
				5000 gal. 15% HF-HCL			
33. PRODUCTION							
DATE FIRST PRODUCTION 8-17-80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) ST TA	
DATE OF TEST 6-22-82	HOURS TESTED 24	CHOKE SIZE 48/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 0	GAS—MCF. TSTM	WATER—BBL. 105	
FLOW. TUBING PRESS. 5 PSI	CASING PRESSURE 0	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
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 Freeman		TITLE Assistant		U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO		DATE 11-3-82	

*(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: "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:			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Anhydrite	850					
Delaware Lime	3300					
Delaware Sand	3330					