

Form approved.
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
AMCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 AIRPORT DRIVE, FARMINGTON, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1120' FWL x 470' FWL, Section 3, T-26-N, R-4-W**
At top prod. interval reported below
At total depth **Same**

14. PERMIT NO. _____ DATE ISSUED _____

5. DATE SPUDDED **8/14/77**
6. DATE T.D. REACHED **8/18/77**
7. DATE COMPL. (Ready to prod.) **10/2/77**
8. ELEVATIONS (DF, REB, RT, GR, ETC.)* **7013' GL**
9. ELEV. CASINGHEAD **7013**

10. TOTAL DEPTH, MD & TVD **3950**
11. PLUG BACK T.D., MD & TVD **3915**
12. IF MULTIPLE COMPL., HOW MANY* **→**
13. INTERVALS DRILLED BY **0-TD**
14. ROTARY TOOLS _____ CABLE TOOLS _____

15. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3786-3860 Pictured Cliffs

16. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electrollog and Compensated Density

17. WAS DIRECTIONAL SURVEY MADE **No**
18. WAS WELL CORRED **No**

19. 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#	236	12-1/4"	200 sz	
4-1/2"	10.5#	3936	7-7/8"	1150 sz	

20. LINER RECORD

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

21. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1-1/4	3834	

22. PERFORATION RECORD (Interval, size and number)
3786-3860 x 1 SPF size .46

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3786-3860	259,000# sn x 129,500 gal frac fld.

24. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____

DATE OF TEST **10/2/77** HOURS TESTED **3** CHOKER SIZE **3/4** PROD'N. FOR TEST PERIOD **→** OIL—BBL. _____ GAS—MCF. **345** WATER—BBL. _____ GAS-OIL RATIO _____

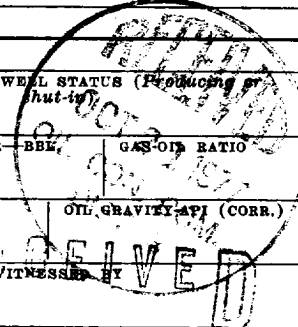
FLOWING LOSS PRESS. **320** CASING PRESSURE **800** CALCULATED 24-HOUR RATE **→** OIL—BBL. _____ GAS—MCF. **2756** WATER—BBL. _____ OIL GRAVITY API (CORR.) _____

25. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold**

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

SIGNED **EC Lusaboda** TITLE **Area Adm. Super.** DATE **10/17/77**

Jicarilla Apache
7. UNIT AGREEMENT NAME
Jicarilla Apache 102
8. FARM OR LEASE NAME
9. WELL NO.
23
10. FIELD AND POOL, OR WILDCAT
Tepicite Pictured Cliffs
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
**NW/4 NW/4 Section 3
T-26-N, R-4-W**
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico



***(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 of 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	
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.	NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
Pictured Cliffs	3780	3856			