

**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 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
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface
1065' FSL x 1120' FEL, Section 23, T-28-N, R-4-W
At top prod. interval reported below
Same
At total depth
Same

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

NM 14917

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Valencia Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Choza Mesa Pictured Cliffs

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

**SE/4 SE/4 Section 23,
T-28-N, R-4-W**

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

15. DATE SPUNDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____ 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* _____ 19. ELEV. CASINGHEAD _____

12/28/77

1/4/78

2/26/78

7306' GL, 7316' KB

7306'

20. TOTAL DEPTH, MD & TVD _____ 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____

4390'

4312'

→ O-TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____ 25. WAS DIRECTIONAL SURVEY MADE _____

4040-4277', Pictured Cliffs

No

26. TYPE ELECTRIC AND OTHER LOGS RUN _____ 27. WAS WELL CORED _____

Induction Electric and Compensated Density

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#	301'	12-1/4"	250 SX	
4-1/2"	10.5#	4390'	7-7/8"	1240 SX	

29. LINER RECORD _____ 30. TUBING RECORD _____

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	4257-4267	

Mike Thompson

31. PERFORATION RECORD (Interval, size and number) _____ 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. _____

4040-56, 4075-4120, 4126-38, 4190-4277

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4040-4138	182,500# SN x 91,250 gal frac fluid
4190-4277	217,500# SN x 108,750 gal frac fluid

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

Flowing

SI

DATE OF TEST _____ HOURS TESTED _____ CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

2/26/78

3

.75"

→

FLOW. TUBING PRES. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

400

855

→

5100

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY **7/1978**

To Be Sold

35. LIST OF ATTACHMENTS _____

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

Original Signed By

SIGNED **E. E. SVOBODA** TITLE **Area Adm. Supervisor** DATE **3/16/78**

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

ST

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 31, 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:
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.
Pictured Cliff	4018	4285	

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH