Form 9-330
(5-63)

# 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*

5. LEASE DESIGNATION AND SERIAL NO.: SF 078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: A. L. Elliott "B"

9. WELL NO.: 7

10. FIELD AND POOL, OR WILDCAT: Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: NW/4 SW/4 Section 10, T-29-N, R-9-W

12. COUNTY OR PARISH: San Juan

13. STATE: New Mexico

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

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2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR: 501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*

At surface: 1490 FSL & 910 FWL

At top prod. interval reported below: Same

At total depth: Same

14. PERMIT NO. | DATE ISSUED

| 15. DATE SPUDDED | 16. DATE T.D. REACHED | 17. DATE COMPL. (*Ready to prod.*) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD |
|---|---|---|---|---|
| 6-15-72 | 7-5-72 | 8-15-72 | 5837' Gr. | 5838' |

| 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 |
|---|---|---|---|---|---|
| 2530' | 2470' | | → | 2530' | 0 |

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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 2427-2462' Pictured Cliffs

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Cased hole Gamma Ray Neutron

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 |
|---|---|---|---|---|---|
| 8-5/8" | 23# | 216' | 12-1/4" | 232 cu. ft. circ. | None |
| 4-1/2" | 10.5# | 2530' | 7-7/8" | 1110 cu. ft. circ. | None |

29. LINER RECORD

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

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|---|---|---|
| 1-1/4" | 2453' | None |

31. PERFORATION RECORD (*Interval, size and number*)

Perf 2427-2438', 2446-2462' x 1 SPF

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| 2427-2462' | Gas Frac x 30,000# sand & 37,000 gals. Gas Frac fluid. |
| 2427-2462' | 1000 gals. 15% HCl. |

33.* PRODUCTION

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

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD → | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---|---|---|---|---|---|---|---|
| 8-15-72 | 3 hrs. | .750 | | | | | |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE → | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---|---|---|---|---|---|---|
| 76 psig | 280 psig | | | 1045 | | |

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): To be sold to El Paso Natural Gas Company

TEST WITNESSED BY: B. D. Dukes

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: Original Signed by J. ARNOLD SHELL TITLE: Area Engineer DATE: August 17, 1972

*(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:
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. |
|---|---|---|---|
| Fruitland | 2000' | 2402' | |
| Pictured Cliffs | 2402' | 2470' | |

38. GEOLOGIC MARKERS

| NAME | TOP | |
|---|---|---|
| | MEAS. DEPTH | TRUE VERT. DEPTH |

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| TRANSPORTER GAS | 1 | |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
*Supersedes Old C-104 and C-110*
Effective 1-1-65

I.

Operator
**AMOCO PRODUCTION COMPANY**

Address
**501 Airport Drive, Farmington, New Mexico 87401**

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| A. L. Elliott "B" | 7 | Blanco Pictured Cliffs | Federal SF | 078132 |

Location
Unit Letter L : 1490 Feet From The South Line and 910 Feet From The West

Line of Section 10 Township 29N Range 9W , NMPM, San Juan County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]
Address *(Give address to which approved copy of this form is to be sent)*

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
El Paso Natural Gas Company
Address *(Give address to which approved copy of this form is to be sent)*
P. O. Box 990, Farmington, New Mexico 87401

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | | | | | No | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

## IV. COMPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 6-15-72 | 8-15-72 | 2530' | 2470' |
| **Elevations** *(DF, RKB, RT, GR, etc.)* | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 5837' | Pictured Cliffs | 2427-2462' | 2453' |
| **Perforations** | | | **Depth Casing Shoe** |
| Perfs 2427-2438, 2446-2462 | | | 2530' |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12-1/4" | 8-5/8" csg. | 216' | 200 sx circ. |
| 7-7/8" | 4-1/2" csg. | 2530' | 600 sx circ. |
| | 1-1/4" tbg. | 2453' | |
| | | | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

*(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | |
|---|---|---|---|
| | | | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| | | | |
| **Actual Prod. During Test** | **Oil-Bbls.** | **Water-Bbls.** | **Gas-MCF** |
| | | | |

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GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 1045 | 3 hr. | 0 | |
| **Testing Method** *(pitot, back pr.)* | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Back Pressure | 833 psig | 847 psig | .750 |

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed by
J. ARNOLD SNELL
*(Signature)*

Area Engineer
*(Title)*

August 17, 1972
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1972, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.