Form 9-330
(Rev. 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 076337

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

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

8. FARM OR LEASE NAME: Gutierrez Gas Com

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

9. WELL NO.: 1A

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

10. FIELD AND POOL, OR WILDCAT: Blanco Mesaverde

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 790' FSL & 790' FEL, Section 4, T-29-N, R-9-W
At top prod. interval reported below same
At total depth same

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

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: San Juan | 13. STATE: New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
1-18-77	1-24-77	2-21-77	5636' GL, 5649' KB	5636'

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
4863'	4803'		→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 3880-4246, 4318-4684 Mesaverde

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Gamma-Induction and Compensated Density Logs

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
9-5/8"	32.3	266'	12-1/4"	280 sx	None
7"	20#	2650'	8-3/4"	460 sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4-1/2"	2445'	4863'	275	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	4666'	-

31. PERFORATION RECORD (*Interval, size and number*): 3880-3890, 3906-3924, 3930-3934, 3938-3952, 3966-3980, 3982-3986, 4010-4040, 4060-4066, 4094-4100, 4152-4160, 4192-4200, 4206-4210, 4214-4216, 4220-4224, 4240-4246, 4318-4324, 4334-4338, 4356-4360, 4368, 4375, 4394-4398, 4400-4404.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4318-4684'	- 108,000 lbs. sn & 54,000 gal frac fld.
3880-4246'	- 151,800 lbs. sn & 75,900 gal frac fld.

33.* PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-21-77	3	.75			214		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
130	445			1709		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): To be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

MAR 8 1977
OIL CON. COM.
DIST. 3

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

SIGNED [signature] TITLE Area Adm. Supvr. DATE 3-7-77

*(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.)

PERFORATIONS CONTINUED:
4496-4520, 4526-4532, 4552-4560, 4566-4576, 4580-4586, 4608-4612, 4656-4660, 4680-4684 w 1 SPF.

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.
Cliffhouse	3876'	4052'	Sand and shale
Menefee	4052'	4480'	Sand and Shale
Point Lookout	4480'	4636'	Sand and Shale

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636
837-497

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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	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		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	Lease No.
Gutierrez Gas Com	**1A**	**Blanco Mesaverde**	State, Federal or Fee **Federal**	**SF 076337**

Location
Unit Letter **P** : **790** Feet From The **South** Line and **790** Feet From The **East**

Line of Section **4** Township **29-N** Range **9-W** , 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)*
Plateau, Inc.	**P. O. Box 108, Farmington, New Mexico 87401**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Company	**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
	P	**4**	**29**	**9**	**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.
1-18-77	**2-21-77**	**4863'**	**4803'**
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5649' KB	**Mesaverde**	**3876'**	**4666'**

Perforations **3880-3890, 3906-24, 3930-34, 3938-52, 3966-80, 3982-86, 4010-40, 4060-66, 4094-4100, 4152-60, 4192-4200, 4206-10, 4214-16, 4220-24,** (over) — Depth Casing Shoe **4863'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	**9-5/8"**	**266'**	**280**
8-3/4"	**7"**	**2650'**	**460**
6-1/4"	**4-1/2"**	**2445-4863'**	**275**

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1709	**3 hr.**		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	**425**	**520**	**.75**

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.

L. L. Svoboda
(Signature)

Area Adm. Supvr.
(Title)

March 7, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply

PERFORATIONS CONTINUED:

4240-46, 4318-24, 4334-38, 4356-60, 4368, 4375, 4394-98, 4400-04, 4496-4520, 4526-32, 4552-60, 4566-76, 4580-86, 4608-12, 4656-60, 4680-84 x 1 SPF.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company

Address: 501 Airport Drive Farmington, NM 87401

RECEIVED
JAN 22 1985
OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [X] 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	Lease No.
Gutierrez Gas Com	1A	Blanco Mesaverde	State, Federal or Fee Federal	SF 076337

Location

Unit Letter P : 790 Feet From The South Line and 790 Feet From The East

Line of Section 4 Township 29 N Range 9 W , 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)
Permian Corp. Permian (Dk. 9/4/85)	P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	**Address (Give address to which approved copy of this form is to be sent)**
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	4	29N	9W		

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

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

B. D. Shaw
(Signature)
Admin. Supervisor
(Title)
1-2-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1985, 19

BY Charles Gholson

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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