

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____	7. Unit Agreement Name
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____	8. Farm or Lease Name BAKER

2. Name of Operator **Amoco Production Company**
9. Well No. **1**

3. Address of Operator
BOX 68, HOBBS, N. M. 88240
10. Field and Pool, or Wildcat
WILDCAT

4. Location of Well
UNIT LETTER **H** LOCATED **1980** FEET FROM THE **NORTH** LINE AND **890** FEET FROM

THE **EAST** LINE OF SEC. **29** TWP. **9-N** RGE. **30-E** NMPM
12. County **QUAY**

15. Date Spudded **2-12-74** 16. Date T.D. Reached **3-8-74** 17. Date Compl. (Ready to Prod.) **-** 18. Elevations (DF, RKB, RT, GR, etc.) **4208' RDB** 19. Elev. Casinghead **-**

20. Total Depth **8330** 21. Plug Back T.D. **SURFACE** 22. If Multiple Compl., How Many **-** 23. Intervals Drilled By **0-TD** Rotary Tools **0-TD** Cable Tools **-**

24. Producing Interval(s), of this completion - Top, Bottom, Name
NONE 25. Was Directional Survey Made **No**

26. Type Electric and Other Logs Run
Form Density, Prolog, Dual Log, Sonic, GR 27. Was Well Cored **No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	314'	17 1/2"	500- Cmc2005x	0
8 5/8"	24#	2162'	11"	675- " 45 1x	0
			7 7/8"		

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)
Date of Test	Hours Tested	Choke Size
Prod'n. For Test Period	Oil - Bbl.	Gas - MCF
Water - Bbl.	Gas - Oil Ratio	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate
Oil - Bbl.	Gas - MCF	Water - Bbl.
Oil Gravity - API (Corr.)		

14. Disposition of Gas (Sold, used for fuel, vented, etc.)
Test Witnessed By

15. List of Attachments
none

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED **Roy L. Proakum** TITLE **ADMINISTRATIVE ASSISTANT** DATE **MAR 15 1974**