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

Form O-175  
 Revised 11-1-81

|                           |                                |                                         |
|---------------------------|--------------------------------|-----------------------------------------|
| 1. Indicate Type of Lease | State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 2. Name of Lessee         |                                |                                         |

|                                                                                                                                                                                                                                                  |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|--------------------------|----------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 1a. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO <sub>2</sub> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                   |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 3. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |  |
| b. TYPE OF COMPLETION<br>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 <input type="checkbox"/> |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 4. Name of Lessee<br>Hutcherson B                                                                   |  |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                                                                  |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 5. Well No.<br>15                                                                                   |  |
| 3. Address of Operator<br>P. O. Box 68 Hobbs, NM 88240                                                                                                                                                                                           |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 10. Field, unit, loc., or well loc.<br>Und. Tubb                                                    |  |
| 4. Location of well<br>UNIT LETTER <u>J</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>East</u> LINE OF SEC. <u>34</u> TWP. <u>20-N</u> RGE. <u>34-E</u>                                            |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 11. County<br>Union                                                                                 |  |
| 15. Date Spudded<br>10-31-80                                                                                                                                                                                                                     |                 | 16. Date T.D. Reached<br>11-5-80                                    |                          | 17. Date Compl. (Ready to Prod.)<br>12-31-80 |              | 18. Elevations (H.F., RKB, RT, GR, etc.)<br>4809' GL                                                                                        |                 | 19. Elev. Casinghead           |  |                                                                                                     |  |
| 20. Total Depth<br>2625'                                                                                                                                                                                                                         |                 | 21. Plug Back T.D.<br>2570'                                         |                          | 22. If Multiple Compl., How Many             |              | 23. Intervals Cased By<br>0-TD                                                                                                              |                 | 24. Cable Tools                |  |                                                                                                     |  |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name<br>2216'-2438' Tubb                                                                                                                                                            |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 25. Was Directional Survey Made                                                                     |  |
| 26. Type Electric and Other Logs Run<br>Comp Neutron Form Density: Dual Laterolog                                                                                                                                                                |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  | 27. Was Well Cored                                                                                  |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                               |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
| CASING SIZE                                                                                                                                                                                                                                      |                 | WEIGHT LB./FT.                                                      |                          | DEPTH SET                                    |              | HOLE SIZE                                                                                                                                   |                 | CEMENTING RECORD               |  | AMOUNT PULLED                                                                                       |  |
| 8-5/8"                                                                                                                                                                                                                                           |                 | 24#                                                                 |                          | 690'                                         |              | 12-1/4"                                                                                                                                     |                 | 500 SX Class H                 |  | Circ. 75 SX                                                                                         |  |
| 5-1/2"                                                                                                                                                                                                                                           |                 | 14#                                                                 |                          | 2581'                                        |              | 7-7/8"                                                                                                                                      |                 | 600 SX Class H                 |  | Circ. 240 SX                                                                                        |  |
| 29. LINER RECORD                                                                                                                                                                                                                                 |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
| SIZE                                                                                                                                                                                                                                             |                 | TOP                                                                 |                          | BOTTOM                                       |              | SACKS CEMENT                                                                                                                                |                 | SCREEN                         |  | PACKER SET                                                                                          |  |
|                                                                                                                                                                                                                                                  |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 | 2-3/8"                         |  | 2163'                                                                                               |  |
| 31. Perforation Record (Interval, size and number)<br>2216'-2438' w/1 JSPF                                                                                                                                                                       |                 |                                                                     |                          |                                              |              | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL<br>2216'-2438'<br>AMOUNT AND KIND MATERIAL USED<br>83 bbl. 7-1/2% HCL acid |                 |                                |  |                                                                                                     |  |
| 33. PRODUCTION                                                                                                                                                                                                                                   |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
| Date First Production                                                                                                                                                                                                                            |                 | Production Method (Flowing, gas lift, pumping - Size and type pump) |                          |                                              |              |                                                                                                                                             |                 | Well Status (Prod. or Shut-in) |  |                                                                                                     |  |
| 11-27-80                                                                                                                                                                                                                                         |                 | Flowing                                                             |                          |                                              |              |                                                                                                                                             |                 | Shut-in                        |  |                                                                                                     |  |
| Date of Test                                                                                                                                                                                                                                     | Hours Tested    | Choke Size                                                          | Pressure Per Test Period | Oil - Bbl.                                   | Gas - MCF    | Water - Bbl.                                                                                                                                | Gas - Oil Ratio |                                |  |                                                                                                     |  |
| 12-31-80                                                                                                                                                                                                                                         | 24              | 48/64                                                               |                          | 0                                            | 1306         | 2                                                                                                                                           |                 |                                |  |                                                                                                     |  |
| Flow Tubing Press.                                                                                                                                                                                                                               | Casing Pressure | Calculated 24-Hour Rate                                             | Oil - Bbl.               | Gas - MCF                                    | Water - Bbl. | Oil Gravity - API (Corr.)                                                                                                                   |                 |                                |  |                                                                                                     |  |
| 185#                                                                                                                                                                                                                                             |                 |                                                                     | 0                        | 1306                                         | 2            |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
| 34. Disposition of Gas (Sold, used for fuel, vented, etc.)                                                                                                                                                                                       |                 |                                                                     |                          |                                              |              | Test Witnessed By                                                                                                                           |                 |                                |  |                                                                                                     |  |
| 35. List of Attachments<br>Logs mailed 12-1-80                                                                                                                                                                                                   |                 |                                                                     |                          |                                              |              |                                                                                                                                             |                 |                                |  |                                                                                                     |  |
| 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 <u>Bob Davis</u>                                                                                                                                                                                                                          |                 |                                                                     |                          | TITLE <u>Admin. Analyst</u>                  |              |                                                                                                                                             |                 | DATE <u>1-12-81</u>            |  |                                                                                                     |  |

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity log run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 1 through 4 shall be reported for each zone. The form is to be filed in quadruplicate except on state land, where six copies are required. See Rule 11.5.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

### Southeastern New Mexico

### Northwestern New Mexico

|                            |                                   |                             |                         |
|----------------------------|-----------------------------------|-----------------------------|-------------------------|
| T. Anhy _____              | T. Canyon _____                   | T. Ojo Alamo _____          | T. Penn. "B" _____      |
| T. Salt _____              | T. Strawn _____                   | T. Kirtland-Fruitland _____ | T. Penn. "C" _____      |
| B. Salt _____              | T. Atoka _____                    | T. Pictured Cliffs _____    | T. Penn. "D" _____      |
| T. Yates _____             | T. Miss _____                     | T. Cliff House _____        | T. Leadville _____      |
| T. 7 Rivers _____          | T. Devonian _____                 | T. Menefee _____            | T. Madison _____        |
| T. Queen _____             | T. Silurian _____                 | T. Point Lookout _____      | T. Elbert _____         |
| T. Grayburg _____          | T. Montoya _____                  | T. Mancos _____             | T. McCracken _____      |
| T. San Andres <u>1430'</u> | T. Simpson _____                  | T. Gallup _____             | T. Ignacio Qtzite _____ |
| T. Glorieta <u>1700'</u>   | T. McKee _____                    | Base Greenhorn _____        | T. Granite _____        |
| T. Paddock _____           | T. Ellenburger _____              | T. Dakota _____             | T. _____                |
| T. Blinébry _____          | T. Gr. Wash _____                 | T. Morrison _____           | T. _____                |
| T. Tubb <u>2190'</u>       | T. Granite _____                  | T. Todilto _____            | T. _____                |
| T. Drinkard _____          | T. Delaware Sand _____            | T. Entrada _____            | T. _____                |
| T. Abo _____               | T. Bone Springs _____             | T. Wingate _____            | T. _____                |
| T. Wolfcamp _____          | T. <u>Santa Rosa</u> <u>1113'</u> | T. Chinle _____             | T. _____                |
| T. Penn. _____             | T. <u>Cimarron</u> <u>2177'</u>   | T. Permian _____            | T. _____                |
| T. Cisco (Bough C) _____   | T. _____                          | T. Penn. "A" _____          | T. _____                |

## OIL OR GAS SANDS OR ZONES

No. 1, from 2216' to 2438' No. 4, from to  
No. 2, from to No. 5, from to  
No. 3, from to No. 6, from to

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from None to                      feet.                     

No. 2, from                      to                      feet.                     

No. 3, from                      to                      feet.                     

No. 4, from                      to                      feet.                     

FORMATION RECORD (Attach additional sheets if necessary)

| From | To   | Thickness<br>in Feet | Formation | From | To | Thickness<br>in Feet | Formation |
|------|------|----------------------|-----------|------|----|----------------------|-----------|
| 0    | 690  | 690                  | Surface   |      |    |                      |           |
| 690  | 2100 | 1410                 | Shale     |      |    |                      |           |
| 2100 | 2625 | 525                  | Sand      |      |    |                      |           |