

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

| | |
|------------------------|-------------------------------------|
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| SANTA FE | |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

4. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

1. TYPE OF WELL
OIL WELL GAS WELL CO₂ DRY OTHER _____

2. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RE. VP. OTHER P X A

7. Unit Agreement Name

8. Farm or Lease Name
Kerr

9. Well No.
1

2. Name of Operator
Amoco Production Company

10. Field and Pool, or Wildcat
Und. Tubb

3. Address of Operator
P. O. Box 68 Hobbs, NM 88240

4. Location of Well
UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM



THE East LINE OF SEC. 10 TWP. 20-N RGE. 34-E SW/4

11. County
Union

15. Date Drilled 3-1-81 16. Date 1st. Reached _____ 17. Date Compl. (Ready to Prod.) P X A 18. Elevations (DF, RKB, RT, GR, etc.) 4810' GL 19. Elev. Casinghead _____

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

24. Producing interval(s) of this completion - Top, Bottom, Name
P X A

25. Was Directional Survey Made

25. Type Electric and other Logs Run
None

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# | 710 | 12-1/4" | 500 SX Class H | Circ. 272 SX |
| | | | | | |
| | | | | | |

29. LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|------|-----|--------|--------------|--------|
| | | | | |
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET | PACKER SET |
|------|-----------|------------|
| | | |
| | | |

31. Perforation Record (Interval, size and number)

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|-------------------------------|
| | |
| | |
| | |

32. PRODUCTION
Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in)
Abandoned

| Date of Test | Hours Tested | Choke Size | Interval for Test Period | Oil - bbl. | Gas - MCF | Water - Bbl. | Gas - Oil Ratio |
|--------------|--------------|------------|--------------------------|------------|-----------|--------------|-----------------|
| | | | | | | | |
| | | | | | | | |

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

35. List of Attachments

36. 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 [Signature] TITLE Admin. Analyst DATE 4-2-81

