

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☐		DRY ☐		Other ☐		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐		8. FARM OR LEASE NAME	
										FALGOUT "A" Federal	
2. NAME OF OPERATOR		AMOCO PRODUCTION COMPANY								9. WELL NO.	
3. ADDRESS OF OPERATOR		BOX 48, HOEBS, N. M. 88240								10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office)		990' FSL x 330' FEL Sec. 23 (Unit P, SE 1/4 SE 1/4)								DOUBLE "L" QUEEN	
At surface										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At top prod. interval reported below										23-14-29 NMPM	
At total depth										12. COUNTY OR PARISH	
										CHAUVES	
										13. STATE	
										N.M.	
15. DATE SPUDDED		3-12-71		16. DATE T.D. REACHED		3-15-71		17. DATE COMPL. (Ready to prod.)		3-17-71	
								18. ELEVATIONS (DF, REB, RT, GR, ETC.)		3806' R.D.B.	
20. TOTAL DEPTH, MD & TVD		1926'		21. PLUG, BACK T.D., MD & TVD		1907'		22. IF MULTIPLE COMPL., HOW MANY		23. INTERVALS DRILLED BY	
										ROTARY TOOLS	
										CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)		1864-77' QUEEN								25. WAS DIRECTIONAL SURVEY MADE	
										No	
26. TYPE ELECTRIC AND OTHER LOGS RUN		Gamma Ray - Density								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"		28"		342'		12 1/4"		275 Sx			
4 1/2"		9.5"		1926'		7 7/8"		200 Sx			
29. LINER RECORD								30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT		SCREEN (MD)		SIZE	
										2 3/8"	
										1880'	
31. PERFORATION RECORD (Interval, size and number)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
1864-77' w/2JSPF								DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
								1864-77'		1000 gal Mud Acid	
										4 sac. 25000 gal gel brine	
										34000' sand	
33.* PRODUCTION											
DATE FIRST PRODUCTION		3-20-71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		PUMP		WELL STATUS (Producing or shut-in)		PRODUCING	
DATE OF TEST		4-6-71		HOURS TESTED		24		CHOKE SIZE		-	
FLOW. TUBING PRESS.				CASING PRESSURE				CALCULATED 24-HOUR RATE			
								OIL—BBL.		8	
								GAS—MCF.		404	
								WATER—BBL.		0	
								GAS-OIL RATIO		50.500	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		Unit						OIL GRAVITY-API (CORR.)		34	
35. LIST OF ATTACHMENTS								TEST WITNESSED BY			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED				TITLE		AREA SUPERINTENDENT		DATE		4-13-71	

***(See Instructions and Spaces for Additional Data on Reverse Side)**

04 3. USGS - ART
1. ACJF
1. WF
1. RRY

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 33.

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.)

[illegible]