

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUP. DATE*

(See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ RECEIVED

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESRV. ☐ Other _____

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):

At surface
1650' FNL V 1653' FNL Sec. 11 (7, SW/4 NW/4)
At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DE PER BT OR ETC) *	19. ELEV. CASINGHEAD
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10-16-71	12-5-71	12-20-71	3587 R.D.B.	—
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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
0.688	0.000		→	0-TP	—

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	25. WAS DIRECTIONAL
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9621-9929

26. TYPE ELECTRIC AND OTHER LOGS RUN	27. WAS WELL CORED
GR-N. PROX. POROSITY. ETC.	No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4"	47 #	1000'	15"	970 Sx	
8 5/8"	32 #	6348'	11"	300 "	
5 1/2" LINER	17 #	6277-10138'	7 7/8"	855 "	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	9504	9491

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.										
9621-27, 67-72, 82, 86 9735, 39, 42, 72, 75-84, 91-95 9851-56, 58, 64, 66; 9929	<table border="1"> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> <tr> <td>9735- 9929</td> <td>300 gal 10% HCF x 3% HC</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	9735- 9929	300 gal 10% HCF x 3% HC						
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W/2.15 PF											

33.*			PRGDUCTION		
DATE FIRST PRODUCTION 12-16-71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) FLW		WELL STATUS (Producing or shut-in) SHUT-IN	

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-2-72	4	VARIOUS	→	9.3	708	0	76/136

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
2035-2689	PKR	→	56	8606 10785	0	54°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED BY
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TO BE SOLD - MARKET PENDING

NONE

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

JAN - 6 1972

SIGNED _____ TITLE _____ AREA SUPERINTENDENT

043-~~USGS~~-ART
1-DIV
1-Well file
1-RBY
2-HOWDO

*** (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 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 14: 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 2: "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.)

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.
1261	9929		Gas and Dirt Zone

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	1020	
Lyburg	1516	
San And	1887	
Arso	3457	
Wolfcamp	5087	
Arso	5405	
Lyburg	7745	
Arso	8365	
Arso	8277	
Arso	9960	