

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL & GAS COMMISSION
Drawer D
SUBMITTER'S NAME: NM 23414

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

(See other instructions on reverse side)

RECEIVED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other ☐
2. NAME OF OPERATOR: Amoco Production Company (713) 366-7213
3. ADDRESS OF OPERATOR: P.O. Box 3092 Houston, Tx 77253 Rm. 18.110
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface 1900 FWL X 1980 FSL - UNIT-K -
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 (DF, RNB, RT, GR, ETC.) * 19. ELEV. CASINGHEAD
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
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * 25. WAS DIRECTIONAL SURVEY MADE
26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED

CASING RECORD (Report all strings set in well)						AMOUNT PULLED
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		
12 3/4"	35	318	17 1/2"	300 SXS. - Circ 23 SXS		NONE
8 5/8"	24-32	4500	11"	350 SXS. TAG CMT @ 2410'		NONE
4 1/2"	11-6	10992	7 7/8"	1ST: 150 SXS		NONE
				2ND: 650 T/c 8580		NONE

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	8849'	8678'

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8760'-8786'		8760'-8786'	2168 GAL 15% HCL w/ ADDITIVES
		8760'-8776'	1101 GAL 15% HCL w/ ADDITIVES

33. PRODUCTION
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing 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.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSES

35. LIST OF ATTACHMENTS
WELL SHUT-IN FOR EVALUATION
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED H. J. Benn (H.J. Black) TITLE STAFF BUSINESS ANALYST DATE 10-24-94

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