

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-105  
Revised 1-1-89

gsk  
Bum  
Bgm  
Skel

WELL API NO.

30-015-21562

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-1284-3

**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 ☐ DEEPEN ☐ PLUG BACK ☒ DIFF RESVR ☐ OTHER ☐

2. Name of Operator

Amoco Production Company

3. Address of Operator

P.O. Box 3092, Rm 17.182 Houston, Texas 77253-3092

4. Well Location

Unit Letter P : 1315 Feet From The South Line and 1315 Feet From The East Line

Section 1

Township 18-S

Range 28-E

NMPM

Eddy, NM

County

10. Date Spudded

07-18-75

11. Date T.D. Reached

05-28-93

12. Date Compl. (Ready to Prod.)

05-28-93

13. Elevations (DF & RKB, RT, GR, etc.)

3664'

14. Elev. Casinghead

15. Total Depth

11065'

16. Plug Back T.D.

10800'

17. If Multiple Compl. How Many Zone?

1

18. Intervals Drilled By

Rotary Tools

Cable Tools

☒

19. Producing Interval(s), of this completion - Top, Bottom, Name

10230-10238 and 10360-10364 W/4 JSPF

Atoka

20. Was Directional Survey Made

No

21. Type Electric and Other Logs Run

None

22. Was Well Cored

No

23.

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54.5#	406'	17-1/2"	725	
9-5/8"	32#, 36#	2900'	12-1/4"	2025	
5-1/2"	15.5#, 17#	11065'	8-3/8"	11065	

24.

**LINER RECORD**

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25.

**TUBING RECORD**

SIZE	DEPTH SET	PACKER SET
2-7/8"	10082.6	10091

26. Perforation record (interval, size, and number)

10230-10238 and 10360-10364 W/4 JSPF

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
10230-10238	Acidize w/1000 gals 7-1/2% NCL MSR 100
10360-10364	3 gal inhibitor, 40 ea ballsealers and 146000 SCF Nitrogen.

28.

**PRODUCTION**

Date First Production 05-28-93	Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing					Well Status (Prod. or Shut-in) Producing	
Date of Test 05-28-93	Hours Tested 24	Choke-Size 48/64	Prod'n For Test Period	Oil - Bbl. 0	Gas - MCF 100	Water - Bbl. 0	Gas - Oil Ratio 0
Flow Tubing Press. 720	Casing Pressure 0	Calculated 24-Hour Rate	Oil - Bbl. 0	Gas - MCF 100	Water - Bbl. 0	Oil Gravity - API - (Corr.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

Test Witnessed By

Mike Ison

30. List Attachments

None

31. 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

Signature

*Devina M. Prince*

Printed  
Name

Devina M. Prince

Title

Staff Assistant

Date 06-03-93

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division 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 radio-activity logs 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 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

### Southeastern New Mexico

T. Anhy _____	T. Canyon _____ 9139
T. Salt _____	T. Strawn _____ 9781
B. Salt _____	T. Atoka _____ 10220
T. Yates _____ 943	T. Miss _____
T. 7 Rivers _____	T. Devonian _____
T. Queen _____ 1960	T. Silurian _____
T. Grayburg _____ 2352	T. Montoya _____
T. San Andres _____ 2731	T. Simpson _____
T. Glorieta _____	T. McKee _____
T. Paddock _____	T. Ellenburger _____
T. Blinbry _____	T. Gr. Wash _____
T. Tubb _____	T. Delaware Sand _____
T. Drinkard _____	T. Bone Springs _____
T. Abo _____ 6315	T. T. Morrow _____ 10636
T. Wolfcamp _____ 7697	T. T. Barnett _____ 10954
T. Penn _____	T. _____
T. Cisco (Bough C) _____	T. _____

### Northwestern New Mexico

T. Ojo Alamo _____	T. Penn. "B" _____
T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Pictured Cliffs _____	T. Penn. "D" _____
T. Cliff House _____	T. Leadville _____
T. Menefee _____	T. Madison _____
T. Point Lookout _____	T. Elbert _____
T. Mancos _____	T. McCracken _____
T. Gallup _____	T. Ignacio Otzte _____
Base Greenhorn _____	T. Granite _____
T. Dakota _____	T. _____
T. Morrison _____	T. _____
T. Todilto _____	T. _____
T. Entrada _____	T. _____
T. Wingate _____	T. _____
Chinle _____	T. _____
T. Permian _____	T. _____
T. Penn "A" _____	T. _____

### OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....  
 No. 2, from.....to..... No. 4, from.....to.....

### IMPORTANT WATER SANDS

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

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

### LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
	0		Surface				
0	406		Ahn. Gyp, Syn.				
406	798		Anh				
798	1189		Anh-Lime				
1189	1679		Lime				
1679	5627		Lime-Sand				
5627	5727		Lime				
5727	10188		Lime-Sand				
10188	10579		Lime				
10579	10887		Lime-Sand				
10887	10932		Lime Shale				
10932	10982		Shale				
11065			Bottom				

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
up

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WELL API NO.

30-015-21562

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-1284-3

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Empire South Deep Unit

1. Type of Well

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

6

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat

W. Bear Grass Draw (Atoka)

4. Well Location

Unit Letter P : 1315 Feet From The South Line and 1315 Feet From The East Line

Section 1 Township 18-S Range 28-E NMPM Eddy, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3664'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Recompletion Operations ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

MIRUSU 5/17/93. BLEED DWN CSG PRS TO 0 PSI. PMP 30 BBL 2% KILL WTK DOWN TBG X 70 BBL 2% KCL DOWN BACKSIDE RTXIB. REL PKR POH 2-7/8" TBG. R 5-1/2" CIBP X SA 10800'. PRS TST CIBD TO 1000 PSI. TST OK. R 3-1/8" DUMP BAILER X WL X CAPPED CIBP X 35 FT CMT. R 5-1/2" 10k CULB. UNI VI PKR X 7-78" TBG. PERF 10230-10238 AND 10360-10364 R/4JSPF. FL LEVEL X SECOND PERF R 6400 FFS. RIG DOWN.

RUSWB. TPC 1500 PSI OPEN CH 8/64" TPF 70 PSI CONSTANT. FLW 5 HR REC NO FL. 14 HR TPC 700 X CPC 0 X BLED DN X 30 MIN TO 40 PSI X R SWB X IFL 4000' X MADE 12 SWB RUNS X REC 17 BLW X FFL 9300' X LST HR REC 2 BLW X APPROX. 40 PIS ON TBG AT ALL TIMES. 14 HR CPC 0 X TPC 720 X BLED DN X 30 MIN X R WB X IFL SCATTERED X MADE 9 SWB RUNS X REC 2 BFMW X TBG PRS 30 X SHUT WELL IN. RDMOSU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Devina M. Prince

TITLE

Staff Assistant

DATE 06-03-93

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 596-7686

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 15 1993

CONDITIONS OF APPROVAL, IF ANY: