

NM OIL & GAS COMMISSION
Drawer D
Artesia UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC-058580

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire South Deep Unit

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Und. Wolfcamp

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

5-18-29

12. COUNTY OR
PARISH

Eddy

13. STATE

NM

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.
RESVR. ☒Other ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, New Mexico 88240

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

At surface

1650' FNL X 2010' FEL, Sec. 5

At top prod. interval reported below

(Unit G, SW/4, NE/4)

At total depth

87-6544

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH

Eddy

13. STATE

NM

15. DATE ~~SPUN IN~~

16. DATE T.D. REACHED

17. DATE COMPL. ~~(Report Date)~~

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

3-29-82

5-28-77

11-17-83

3563.5' GL

--

20. TOTAL DEPTH, MD & TVD

11180'

21. PLUG. BACK T.D., MD & TVD

8220'

22. IF MULTIPLE COMPL.,
HOW MANY*

--

23. INTERVALS
DRILLED BY

-->

ROTARY TOOLS

O-TD

CABLE TOOLS

--

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

None-Und. Wolfcamp

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

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
13-3/8"	48	386'	17-1/2"	100 sx CLC	
9-5/8"	32.3, 36	2893'	12-1/4"	1714 sx Howco Lite w/CIC	
5-1/2"	15.7, 17	11180'	7-7/8"	2250 sx TrinLite w/CIH	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	7915'	7852'

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

8758'-8818' w/4 JSPF (CIBP set at 8600')

8326'-8332' w/4 JSPF (squeezed)

7990'-8000' w/4 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7990'-8000'	5000 gal 20% HCL acid
8758'-8818'	6000 gal 15% HCL w/79000 SCF N2

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	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.	OIL GRAVITY (CORR.)

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	TEST WITNESSED BY

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold

35. LIST OF ATTACHMENTS

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

SIGNED

Cathy L. Gorman

TITLE

Assist. Admin. Analyst

DATE

12-9-83

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 35.

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.)

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.
Und. Wolfcamp	7990'	8000'	Non productive

38.

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Abo	7086'	
Wolfcamp	7705'	
Cisco	8930'	
Canyon	9527'	
Strawn	9750'	
Atoka	10205'	
Middle Morrow	10660'	
Lower Morrow	10948'	
Chester Lime	11126'	