

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 9011	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ DIFF. RESVR. ☐ Other <u>P X A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME Empire South Deep Unit	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		8. FARM OR LEASE NAME Empire South Deep Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660' FNL X 1980' FWL (Unit C, NE/4 NM/4) Sec. 4 At top prod. interval reported below At total depth		9. WELL NO. 17	
14. PERMIT NO.		15. STATE NM	
DATE ISSUED		12. COUNTY OR PARISH Eddy	
15. DATE SPUDDED 11-10-77		16. DATE T.D. REACHED 12-26-77	
17. DATE COMPL. (Ready to prod.) P X A 12-29-77		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3534.1	
19. ELEV. CASINGHEAD --		20. TOTAL DEPTH, MD & TVD 11,060'	
21. PLUG, BACK T.D., MD & TVD --		22. IF MULTIPLE COMPL., HOW MANY* --	
23. INTERVALS DRILLED BY --		ROTARY TOOLS 0 - TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None - Dry Hole		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Neutron-Formation Density, Dual Laterolog Micro-SFL		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-3/8"	54#	407'	17-1/2"
8-5/8"	24#	2,910'	12-1/4"
CEMENTING RECORD		AMOUNT PULLED	
400 SX Class C		BJ Lite	
200 SX Class C + 1000 SX			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
31. PERFORATION RECORD (Interval, size and number)			
None - Dry Hole			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
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 GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
Logs per Item #26			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Randley Atkins</u>		TITLE <u>Staff Assistant (SG)</u>	
DATE <u>12-30-77</u>			

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.

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 TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS																									
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.																								
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