

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

NM OIL CONS. COMMISSION
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

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 Company3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FNL X 5760' FWL, Sec. 4
(Unit E, SW/4, NW/4)
At top prod. interval reported below

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 12-26-80 16. DATE T.D. REACHED 1-28-81 17. DATE COMPL. (Ready to prod.) 12-8-82 18. ELEVATIONS (OF RKB, RT, GR, ETC.)* 3586.0 GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 9805 21. PLUG, BACK T.D., MD & TVD 9265 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 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)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	996	17-1/2	950 Sx C1 C	120 SX
8-5/8	24, 32	5982	12-1/4	2250 sx lite, 500 sx C1 C	200 SX
5-1/2	15.5, 17	9805	7-7/8	425 Sx lite, 650 Sx C1 H	ICTM 3800

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	7047	6810

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6965' -78', 7026' -33', 7520' -50'		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
			7600 gal 15% HCL

33. PRODUCTION							
DATE FIRST PRODUCTION 11-23-82		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Prod.	
DATE OF TEST 12-8-82	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL. 43	GAS—MCF 64	WATER—BBL. 20	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.)
35. LIST OF ATTACHMENTS36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.
SIGNED Mark Freeman TITLE Asst. Admin. Analyst DATE 2-18-83

*(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 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		38. GEOLOGIC MARKERS		39. WELL COMPLETION OR RECOMPLETION REPORT	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH
Morrow	9586'	9634'		6148'	
				7868'	
				8616'	
				9124'	
				9332'	
				9584'	
NAME Wolfcamp Cisco Strawn Atoka Morrow Middle Morrow				WELL COMPLETION OR RECOMPLETION REPORT DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY UNITED STATES	