

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 _____
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

BOX 367, ANDREWS, TEXAS 79714

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

At surface 660' FSL x 1980' FEL Sec. 18 (Unit D, SW 1/4 SE 1/4)

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 10-30-74 16. DATE T.D. REACHED 11-17-74 17. DATE COMPL. (Ready to prod.) 3090' R.D.B. 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* - 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 3401' 21. PLUG, BACK T.D., MD & TVD 3342' 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3259' 3287' DELAWARE 25. WAS DIRECTIONAL SURVEY MADE -

26. TYPE ELECTRIC AND OTHER LOGS RUN

MICRO LL x MICROH; DIAL LL; Comp. NEUTRON, FORM DENSITY

27. WAS WELL CORED

YES

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	29.35	361'	12 1/2"	275 Circ	
5 1/2"	14.	3401'	7 7/8"	960 5x	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3320	

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND TYPE OF MATERIAL USED
3259-87	500 gal 15%.

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
11-17-74		PUMPING					PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
12-1-74	15		→	172	28	5	160	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	-	→	275	44	8	NA		

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

VENT

35. LIST OF ATTACHMENTS

NONE

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

SIGNED

TITLE

ADMINISTRATIVE ASSISTANT

DATE

DEC 3 1974

*(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 83, 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/or State outline. See instructions on items 22 and 24, and 26, below regarding separate reports on separate components.

tion 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 should be used on this form, see item 3b.

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.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for repair 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.

for each additional interval to be separately produced, showing the additional data pertinent to such interval. Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. "Sacks Cement".

Item 29: *Stacks General*: Attached supplemental records for this well should show the depths on any multiple sledge censusing and the location of the

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.)

38. 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.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
Delaware	3259	3280	Oil & gas prod. zone.	Salt Anhyd Ore Sm	1774 2058 2404