

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-13355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-0415662-A	
2. NAME OF OPERATOR AMCO PRODUCTION COMPANY		OCT 1 1975		6. IF INDIAN, ALLOTTEE OR TRIBE NAME " " "	
3. ADDRESS OF OPERATOR BOX 357, ANDREWS TEXAS 79714		O. C. C. ARTESIA OFFICE		7. UNIT AGREEMENT NAME Indian Draw Unit E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface: 2002' FSL x 1721' FWL Sec. 18 (Unit K, NE 1/4 SW 1/4) At top prod. interval reported below At total depth		14. PERMIT NO. _____ DATE ISSUED _____		8. FARM OR LEASE NAME " " "	
15. DATE LOGGED 9-3-75		16. DATE T.D. REACHED 9-11-75		9. WELL NO. 6	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GE, ETC.)* 3088' GL		10. FIELD AND POOL, OR WILDCAT INDIAN DRAW-DELAWARE	
20. TOTAL LENGTH, MD & TVD 3410'		21. PLUG BACK T.D., MD & TVD 3418'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 18-22-28 NMPM	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY O-TD		12. COUNTY OR PARISH EDDY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3237'-56' Delaware		25. WAS DIRECTIONAL SURVEY MADE -		13. STATE NM	
26. TYPE ELECTRIC AND OTHER LOGS RUN Sniffer, dual LL		27. WAS WELL CORED Size Core		19. ELEV. CASINGHEAD	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8"		24#		388'	
5 1/2"		14#		3418'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
12 1/4"		350 Sx Chic			
1 7/8"		800 Sx.			
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)			
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 7/8"		3279			
31. PERFORATION RECORD (Interval, size and number) 3237'-56' w/2JSPF					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3237'-56'		3000 gal 15% BD HCL.			
33. PRODUCTION					
DATE FIRST PRODUCTION 9-24-75		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMP.			WELL STATUS (Producing or shut-in) PRODUCING
DATE OF TEST 9-20-75		HOURS TESTED 24		CHOKER SIZE —	
PROD'N. FOR TEST PERIOD —		OIL—BBL. 97		GAS—MCF. 7571	
WATER—BBL. 17		GAS-OIL RATIO 7571			
FLOW, TEMPERATURE, Casing Pressure		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
—		—		—	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
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 Roy R. Yorkum		TITLE ADMINISTRATIVE ASSISTANT		DATE 9-29-75	
37. U.S. GEOLOGICAL SURVEY ARTESIA OFFICE					
* (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 regulations, 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 25, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all of the following items, together with sample and core analysis, all types of logs, etc., forms, flow 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 filed on this form, see item 25.

Item 24: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult item 24 or Federal office for more instructions.

Item 25: If a date 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 23. 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 26: *Geologic Correlation:* Attached supplemental records for this well should show the geologic correlation of any multiple stage completion and the location of the casing bit tool.

Item 27: 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:				38. GEOLOGIC MARKERS			
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Arkansas	3237	3256	Old zone		B Sand Old zone Old zone	2237' 2356' 3256'	