

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC.

(See other in-
structions on
reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OLD INDIAN DRAW

OLD INDIAN DRAW

UNIT FEE

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

INDIAN DRAW-DELAWARE

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

18-22-28 NMPM

12. COUNTY OR
PARISH

EDDY

13. STATE

N.M.

19. ELEV. CASINGHEAD

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

JUN 3 1976

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LVEILLAND, TEXAS 79335

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

At surface

1017' FSL x 1973' FWL SEC. 18 (Unit H, SE 1/4 SW 1/4)

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

4-19-76

16. DATE T.D. REACHED

4-26-76

17. DATE COMPL. (Ready to prod.)

5-5-76

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

3078' GL

20. TOTAL DEPTH, MD & TVD

3452'

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

3420'

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)*

3246-3260' DELAWARE

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR CORR, SONIC, DUAL LL

27. WAS WELL CORED

SIDE CORE

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	40.48 #	438'	14 3/4"	500 SX CIRC	
5 1/2"	15.50 #	3451'	7 7/8"	950 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3261	

31. PERFORATION RECORD (Interval, size and number)

3246-3260' w/ 2 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3246-3260'	4500 GALS 15% BDA

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
5-5-76		PUMPING				PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5-17-76	24	-	→	30	TSTM	95	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→				RECEIVED	

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

TEST WITH

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

Ray W. Cox

TITLE Administrative Assistant

DATE 5-26-76

*(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 52, 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 55.

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:			38. GEOLOGIC MARKERS			
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	3246'	3260'	OIL ZONE	BASE SALT	2293'	
				DELAWARE SAND	2330'	
				OLD INDIAN SAND	3236'	