

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See instructions 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-D415688-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME OLD INDIAN DRAW UNIT	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		7. UNIT AGREEMENT NAME OLD INDIAN DRAW UNIT	
3. ADDRESS OF OPERATOR P.O. DRAWER A, LEVELLAND, TEXAS 79336		8. FARM OR LEASE NAME OLD INDIAN DRAW UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1008' FSL x 994' FEL SEC. 18 (UNIT P, SE/4 SE/4) At top prod. interval reported below At total depth		9. WELL NO. 9	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 4-28-76		16. DATE T.D. REACHED 5-4-76	
17. DATE COMPL. (Ready to prod.) 5-15-76		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3074.3 GL	
19. ELEV. CASINGHEAD -		20. TOTAL DEPTH, MD & TVD 3450'	
21. PLUG BACK T.D., MD & TVD 3410'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-TD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3265'-3283' DELAWARE	
25. WAS DIRECTIONAL SURVEY MADE -		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray, Sonic, Dual LL	
27. WAS WELL CORED SIDE CORE		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 10 3/4" 5 1/2"		WEIGHT, LB./FT. 40.48* 15.5*	
DEPTH SET (MD) 438' 3450'		HOLE SIZE 14 3/4" 7 7/8"	
CEMENTING RECORD 500 SX Circ 950 SX		AMOUNT PULLED	
29. LINER RECORD		30. TUBING RECORD	
SIZE 2 3/8"		TOP (MD) 3300'	
BOTTOM (MD)		PACKER SET (MD)	
SACKS CEMENT*		SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number) 3265-3283' w/ 2 JSPP		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD) 3265'-3283'		AMOUNT AND KIND OF MATERIAL USED 3000 GAL 15% BDA	
33.* PRODUCTION		DATE FIRST PRODUCTION 5-15-76	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMPING		WELL STATUS (Producing or shut-in) PRODUCING	
DATE OF TEST 5-16-76		HOURS TESTED 24	
CHOKE SIZE -		PROD'N. FOR TEST PERIOD 91	
OIL—BBL. TSTM		GAS—MCF. 15	
WATER—BBL. TSTM		GAS-OIL RATIO TSTM	
FLOW. TUBING PRESS. -		CASING PRESSURE -	
CALCULATED 24-HOUR RATE -		OIL GRAVITY-API (CORR.) -	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) RECEIVED		TEST WITNESS RECEIVED	
35. LIST OF ATTACHMENTS NONE		JUN 4 1976	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from my records		MAY 28 1976	
SIGNED Ray W. Cox		U. S. GEOLOGICAL SURVEY	
TITLE Administrative Assistant		ARTESIA, NEW MEXICO	
DATE 5/26/76		DATE 5/26/76	

D & 3 - USGS - ART
1 - Div.
1 - SASP
1 - RC

*(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 23, 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:				28. GEOLOGIC MARKERS			
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
DELAWARE		3265'	3283'	OIL ZONE	BASE SALT	2344'	
					DELAWARE SAND	2426'	
					OLD INDIAN	3264'	