

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other 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-22625	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>P X A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240		8. FARM OR LEASE NAME Federal BQ	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below 1980' FSL & 660' FEL, Sec. 26 (Unit I, NE/4, NE/4) At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 8-21-80		16. DATE T.D. REACHED 9-25-80	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3636.3 GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 10730'	
21. PLUG, BACK T.D., MD & TVD Surface		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry hole		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Comp neutron form density, dual laterolog micro SFL		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-7/8"	48#	500'	17-1/2"
9-5/8"	40#	5027'	12-1/4"
CEMENTING RECORD			
530 SX Class C			
1450 SX Lite, 200 Class C			
AMOUNT PULLED 125 SX TCMT 1250'			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)		PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) Dry Hole			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
WELL STATUS (Producing or shut-in) Abandoned		GAS-OIL RATIO	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		GAS—MCF.	
WATER—BBL.		OIL GRAVITY-API (CORR.)	
35. LIST OF ATTACHMENTS Logs mailed 10-14-80			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Benton Green</u>		TITLE Asst. Adm. Analyst	
DATE 10-15-80			

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: "Seals 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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Bone Springs	4990'	
				Strawn	9150'	
				Atoka	9270'	
				Morrow	10225'	
				Barnett	10572'	