

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 LOGS

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
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1980' FSL X 1980' FEL, Unit J (NW/4 SE/4)
At top prod. interval reported below
At total depth

14. PERMIT NO. SEP 30 1983 DATE ISSUED

15. DATE SPUNDED 6-26-83 16. DATE T.D. REACHED 10-5-82 17. DATE COMPL. (Ready to prod.) 8-30-83 18. DEPT. OF COMPL. (DR, RKB, RT, GR, ETC.) 3348' GL

20. TOTAL DEPTH, MD & TVD 14750' 21. PLUG, BACK T.D., MD & TVD 14730' 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)*
13042'-13305' Wolfcamp

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN
Dual Laterolog&Micro Laterolog GR; Comp. Densilog&Neutron GR

27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
16"	65	417'	20"	475 sx C1 C	none
10-3/4"	65.7	4248'	14-3/4"	5200 sx C1 C lite, 200 C1C	1100 sx
7-5/8"	39	12120'	9-1/2"	1300 sx C1H lite, 500 C1H	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4-1/2"	11597'	14740'	500	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	Above PKR	11505'
2-3/8"	12956'	

31. PERFORATION RECORD (Interval, size and number)
13042'-100 w/4-SPF
13182'-13204' & 13286'-13305' w/2 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
13042'-13100'	6000 gal 15% HCL acid
13182'-13305'	10000 gal 15% NEFE HCL acid

33.* PRODUCTION

DATE FIRST PRODUCTION 11-17-82 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing

DATE OF TEST 2-1-83 HOURS TESTED 24 CHOKE SIZE 16/64" PROD'N. FOR TEST PERIOD 1 OIL—BBL. 161 GAS—MCF. 17 WATER—BBL. 17

FLOW. TUBING PRESS. 230 psi CASING PRESSURE 24-hour RATE 1 OIL—BBL. 161 GAS—MCF. 17 WATER—BBL. 17 OIL GRAVITY-API (CORR.)

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

35. LIST OF ATTACHMENTS
Logs mailed 10-20-82

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

SIGNED Cathy L. Jarmann TITLE Assist. Admin. Analyst DATE 9-19-83

* (See Instructions and Spaces for Additional Data on Reverse Side)

0+5-BLM, R 1-R.E. Oaden, HOU 1-F.J. Nash, HOU 1-CLF

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: "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: 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		39. WELL COMPLETION OR RECOMPLETION RECORD	
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
wolfcamp	13042'	13305	oil & gas productive zone		