

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															
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1460 FSL x 1580 FSL Section 10, T-26-N, R-4-W At top prod. interval reported below Same At total depth Same															
				14. PERMIT NO.				DATE ISSUED							
15. DATE SPUDDED 9-2-77															
16. DATE T.D. REACHED 9-9-77				17. DATE COMPL. (Ready to prod.) 10-12-77				18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6801' GL				19. ELEV. CASINGHEAD 6801			
20. TOTAL DEPTH, MD & TVD 3692'				21. PLUG, BACK T.D., MD & TVD 3639				22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS O-TD		CABLE TOOLS O	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3518-3548 Pictured Cliffs															
25. WAS DIRECTIONAL SURVEY MADE No															
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Compensated Density Logs															
27. WAS WELL CORED No															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD				AMOUNT PULLED			
8 5/8		24		275		12 1/4		200							
4 1/2		10.5		3692		7 7/8		1065							
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
										SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										1 1/4		3561			
31. PERFORATION RECORD (Interval, size and number) 3518-3548 w/ 1 SPF Size .40															
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.															
DEPTH INTERVAL (MD)								AMOUNT AND KIND OF MATERIAL USED							
3518-3548								105,000 lbs SN 52,500 Gal. frac fluid							
33.* PRODUCTION															
DATE FIRST PRODUCTION				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
10-12-77		3		.75		→				158					
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
100		500		→				1344							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)															
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
ORIGINAL SIGNED BY															
SIGNED L. O. Speer, Jr.				TITLE Area Superintendent				DATE 10-24-77							

*** (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 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:				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
Fruitland	3110'	3500'			
Pictured Cliffs	3500'	3580'			