

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

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 1080' FSL x 1570' FEL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

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

19. ELEV. CASINGHEAD

10-19-80

10-27-80

2-23-81

6572' GL

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

5355'

5325'

0-TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

25. WAS DIRECTIONAL SURVEY MADE

3781-3813, 3882-3888; Chacra

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL; GR; SP; Compensated Neutron and Density LOGS

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
8 5/8"	24#	307'	12 1/4"	300 SX	
5 1/2"	15.5#	5355'	7 7/8"	1040 SX	

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"	3890'	

31. PERFORATION RECORD (Interval, size and number)

3781'3813, with 2 spf a total of 64, .38" holes.
3882-3888, with 4 spf a total of 24, .38" holes.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3781-3888	78,000 gal of frac fluid & 126,500# of 10-20 sand.

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-12-81	3 Hrs.	.75"	→		90		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
48 psig	346 psig	→		716			

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

TEST WITNESSED BY

To Be Sold.

ACCEPTED FOR RECORD

35. LIST OF ATTACHMENTS

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

SIGNED

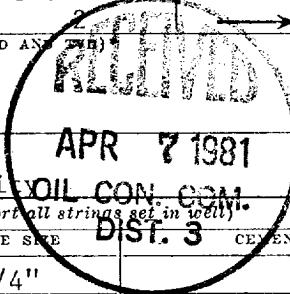
TITLE Dist. Admin. Supvr.

DATE FARMINGTON DISTRICT

BY

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

NMOCC



APR 6 1981
APR 1 1981

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.)

27. 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	DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		DESCRIPTION, CONTENTS, ETC.		NAME		MEAS. DEPTH		TRUE VERT. DEPTH	
	TOP	BOTTOM								
Ojo Alamo	2280	2470								
Kirtland	2470	2615								
Fruitland	2615	2880								
Pictured Cliff	2880	2970								
Chacra	3780	3895								
Cliffhouse	4560	4600								
Menefee	4600	5096								
Point Lookout	5096	5285								

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☒		DRT ☐		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 1080' FSL x 1570' FEL															
At top prod. interval reported below Same															
At total depth Same															
14. PERMIT NO.					DATE ISSUED										
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
10-19-80		10-27-80		2-23-81		6572' GL									
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS					
5355'		5325'		2		→		0-TD							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*										25. WAS DIRECTIONAL SURVEY MADE					
4974-4982, 4990-4996, 5005-5012, 5064-5070, 5100-5139, 5182-5186										No					
5207-5212, 5227-5231, 5262-5270 Mesaverde															
26. TYPE ELECTRIC AND OTHER LOGS RUN										27. WAS WELL CORED					
DIL; GR; SP; Compensated Neutron and Density															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		AMOUNT PULLED							
8 5/8"		24#		307'		12 1/4"									
5 1/2"		15.5#		5355'		7 7/8"									
29. LINER RECORD										30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2 1/16"		5245'		4100'	
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
4974-4982, 4990-4996, 5005-5012, 5064-5070, 5100-5139, 5182-5186, 5207-5212, 5227-5231, 5262-5270, with 2 spf, a total of 174, .4" holes.										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
										4974-5270		60,000 gal of frac fluid & 102,000# of 10-20 sand.			
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)								WELL STATUS (Producing or shut-in)					
		Flowing								Shut-In					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
3-19-81		3 Hrs.		.75"		→				162					
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.				OIL GRAVITY-API (CORR.)	
100 psig				→				1296							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY					
To be sold.															
35. LIST OF ATTACHMENTS										ACCEPTED FOR RECORD					

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

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NMOCC

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FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	2280	2470				
Kirtland	2470	2615				
Fruitland	2615	2880				
Pictured Cliff	2880	2970				
Chacra	3780	3895				
Cliffhouse	4560	4600				
Menefee	4600	5096				
Point Lookout	5096	5285				