

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
1. 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 1700' FWL x 790' FWL, Section 36, T-28-N, R-4-W At top prod. interval reported below Same At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 2/26/77							
16. DATE T.D. REACHED 10/4/77							
17. DATE COMPL. (Ready to prod.) 11/29/77							
18. ELEVATIONS (DF, RSB, RT, GR, ETC.)* 7327' GL, 7337' KB							
19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD 4382'		21. PLUG, BACK T.D., MD & TVD 4343'		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)* 4102-4312' Picured Cliffs							
25. WAS DIRECTIONAL SURVEY MADE No							
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Density, Induction Electrical							
27. WAS WELL CORED No							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
3-5/8"		24		267'		12-1/4"	
4-1/2"		10.5		4372'		7-7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8"		4283'		None			
31. PERFORATION RECORD (Interval, size and number)							
4102-4164', 4196-4256', 4262-4312' x 1 SPF of .4" diameter							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4102-4312'				1540 bbls water; 2,750 MCF			
				N ₂ ; 400,000 lbs. sand			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				SI	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD. FOR TEST PERIOD	
11/29/77		3				Flowing	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
413		632				1941	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
TEST WITNESSED BY							
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				DATE	
[Signature]		Area Superintendent				12/8/77	

*(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 wells and logs 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, together with regulations and procedures, 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		NAME	
FORMATION	TOP	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	4100		
	4312		
Lewis Shale	4312		