

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 *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 14922	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Valencia Canyon Unit	
2. NAME OF OPERATOR Amoco Production Company				7. UNIT AGREEMENT NAME Valencia Canyon Unit	
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401				8. FARM OR LEASE NAME Blanco Mesaverde	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 950' FSL x 810' FWL, Section 34, T-28-N, R-4-W At top prod. interval reported below Same At total depth Same				9. WELL NO. 35	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
15. DATE SPUDDED 5/13/78		16. DATE T.D. REACHED 6/1/78		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SW/4 SW/4 Section 34, T-28-N, R-4-W	
17. DATE COMPL. (Ready to prod.) 10/20/78		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7109' GL, 7122' KB		12. COUNTY OR PARISH Rio Arriba	
19. ELEV. CASINGHEAD 7109'		20. TOTAL DEPTH, MD & TVD 8510'		13. STATE NM	
21. PLUG, BACK T.D., MD & TVD 6398'		22. IF MULTIPLE COMPL., HOW MANY* →		14. COUNTY OR PARISH Rio Arriba	
23. INTERVALS DRILLED BY O-TD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5846'-6309', Mesaverde		15. ELEV. CASINGHEAD 7109'	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Gamma-Ray, Compensated Density, Sidewall Neutron		16. ELEV. CASINGHEAD 7109'	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)		17. ELEV. CASINGHEAD 7109'	
29. LINER RECORD		30. TUBING RECORD		18. ELEV. CASINGHEAD 7109'	
31. PERFORATION RECORD (Interval, size and number) 5846-54', 5890-5904', 6122-28', 6138'-46', 6184-6226', 6245-64', 6273-78', 6305-6309' with 1 SPF size .4"		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 5846-5904' 25,600# SN x 14,100 gal frac fluid 6122-6309' 90,800# SN x 54,500 gal frac fluid		19. ELEV. CASINGHEAD 7109'	
33.* PRODUCTION DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) SI		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To Be Sold		20. ELEV. CASINGHEAD 7109'	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		21. ELEV. CASINGHEAD 7109'	
SIGNED _____		TITLE Dist. Adm. Supervisor		22. ELEV. CASINGHEAD 7109'	
DATE 11/30/78		DATE 11/30/78		23. ELEV. CASINGHEAD 7109'	

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

INSTRUC

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Mesaverde	5830'	6350'	
Pictured Cliffs	4002'	4300'	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Mesaverde	5830'	+1290
Pictured Cliffs	4002	+3118
<i>Gallop</i>	<i>6982</i>	
<i>Dakota</i>	<i>8270</i>	