

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other ☐
SEP 27 1985

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1720' FNL X 810' FWL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO. DATE ISSUED
DIV. 3

15. DATE SPUDDED 6-7-85
16. DATE T.D. REACHED 6-21-85
17. DATE COMPL. (Ready to prod.) August 26, 1985
18. ELEVATIONS (DF. RKB, RT, GE, ETC.)* 5509' KB

19. ELEV. CASINGHEAD 5494' GR
20. TOTAL DEPTH, MD & TVD 6114'
21. PLUG BACK T.D., MD & TVD 6072'
22. IF MULTIPLE COMPL., HOW MANY* Two

23. INTERVALS DRILLED BY
ROTARY TOOLS 0-TD
CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5062'-5370' Gallup

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
DIFL-GR-SP

27. WAS WELL CORED
No

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

29. LINER RECORD

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

5062'-5070', 5234'-5370',
2 jspf, .50" dia., 288 holes

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

33. PRODUCTION

DATE FIRST PRODUCTION 8-26-85
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 2" x 1.5" x 16' pmp
WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST 9-11-85
HOURS TESTED 24
CHOKE SIZE
PROD'N FOR TEST PERIOD
OIL—BBL. 31
GAS—MCF. 0
WATER—BBL. 12
GAS-OIL RATIO 0

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE
OIL—BBL. 31
GAS—MCF. 0
WATER—BBL. 12
OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
NA
TEST WITNESSED BY
Mac Heard

35. LIST OF ATTACHMENTS
None

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

SIGNED [Signature] TITLE District Adm. Supervisor
DATE 9-20-85

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

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.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Fruitland	1005'	1090'	Not logged above 300'			
Pictured Cliff	1330'	1450'				
Chacra	2278'	2337'				
Cliffhouse	2892'	2940'				
Menefee	2940'	3805'				
Pt. Lookout	3805'	4090'				
Gallup	4984'	5385'				
Dakota	5855'	TD				

38.

GEOLOGIC MARKERS