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**NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105
Revised 11-1-78

1. TYPE OF WELL		OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/>		2. Name of Operator		3. Address of Operator		4. Location of Well		5a. Indicate Type of Lease		5. State Oil & Gas Lease No.		7. Unit Agreement Name		8. Farm or Lease Name		9. Well No.		10. Field and Pool, or Wildcat		11. County	
b. TYPE OF COMPLETION		NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		Amoco Production Company		501 Airport Drive, Farmington, New Mexico 87401		UNIT LETTER <u>F</u> LOCATED <u>1480</u> FEET FROM THE <u>North</u> LINE AND <u>1450</u> FEET FROM <u>West</u> LINE OF SEC. <u>26</u> TWP. <u>29N</u> RGE. <u>11W</u> NMPM		Davis Gas Com "J"		1				Undes. MV/Bloomfield Char						San Juan	
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RAB, RT, GR, etc.)		19. Elev. Casinghead		20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By		Rotary Tools		Cable Tools		25. Was Directional Survey Made	
10-29-82		11-4-82		12-29-82		5460' KB		5447' GL		4331'		4237'		2		By		X				Yes	
24. Producing Interval(s), of this completion - Top, Bottom, Name										25. Was Well Cored													
3970'-4030' Mesaverde										No													
26. Type Electric and Other Logs Run										27. Was Well Cored													
DIL-GR-SP, FDC-CNL-Cal-GR										No													
28. CASING RECORD (Report all strings set in well)																							
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD								AMOUNT PULLED							
9-5/8"		32.3# H-40		316'		12-1/4"		413 cu. ft. Class "B" neat w/2% CaCl ₂															
7"		26# K-55		4330'		8-3/4"		Circ. 41 cu. ft. good cement to surface															
ft. Class "B" 50:50 POZ, 6% gel, 2# med tuf plug x sx, 18% FLA. Tail in w/ 230 cu. ft. Class "B"																							
29. neat. Circ to												30. TUBING RECORD											
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		SIZE		DEPTH SET		PACKER SET									
										2-3/8"		4020'		3500'									
										2-1/16"		2765'											
31. Perforation Record (Interval, size and number)												32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
4008'-4030', 3970'-4002' with 2 JSPF for a total of 108 holes.												DEPTH INTERVAL											
												AMOUNT AND KIND MATERIAL USED											
												3970'-4030' 94,500 gallons 20# gelled water											
												35,000 lbs. 20-40 mesh sand.											
33. PRODUCTION																							
Date First Production				Production Method (Flowing, gas lift, pumping - Size and type pump)										Well Status (Prod. or Shut-in)									
1-19-83				Flowing										shut-in									
Date of Test		Hours Tested		Choke Size		Prod'n. For Test Period		Oil - Bbl.		Gas - MCF		Water - Bbl.		Gas - Oil Ratio									
1-20-83		3 hours		48/64						94													
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate		Oil - Bbl.		Gas - MCF		Water - Bbl.		Oil Gravity - API (Corr.)											
55 psig		---						749															
34. Disposition of Gas (Sold, used for fuel, vented, etc.)												Test Witnessed By											
To be sold.																							
35. List of Attachments																							
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.																							
SIGNED												TITLE Dist. Admin. Supvr.										DATE 2/15/83	

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____ 486	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____ 1175	T. Penn. "C" _____
T. Salt _____	T. Atoka _____	T. Pictured Cliffs _____ 1644	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____ 3224	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____ 3330	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____ 3970	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____ 4196	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____	No. 4, from _____ to _____
No. 2, from _____ to _____	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
486	575	89	Ojo Alamo				
1175	1644	469	Fruitland				
1644	1830	186	Pictured Cliffs				
2274	3062	788	Chacara				
3224	3330	106	Cliffhouse				
3330	3970	640	Menefee				
3970	4196	226	Pt. Lookout				
4196	----	----	Mancos Shale				

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3-3-83

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis Gas Com J	Well No. 1	Pool Name, Including Formation Bloomfield Chacra	Kind of Lease State, Federal or Fee Fee	Lease
Location				
Unit Letter F ; 1480 Feet From The North Line and 1450 Feet From The West				
Line of Section 26 Township 29N Range 11W , NMPM, San Juan Col				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	No

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
		X	X					
Date Spudded 10-29-82	Date Compl. Ready to Prod. 12-29-82	Total Depth 4331'	P.B.T.D. 4237'					
Elevations (DF, RKB, RT, GR, etc.) 5447' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2631'	Tubing Depth 2765'					
Perforations 2631-2670', 2734-2772' with 2 JSPF, 154 0.38" holes			Depth Casing Shoe 4330'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	316'	350 sx					
8-3/4"	7"	4330'	1050 sx					
	2-3/8"							
	2-1/16"	2765'						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1126	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 770 psig	Casing Pressure (Shut-in) 770 psig	Choke Size 48/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By
D.D. Lawson

Dist. Admin. Supvr.

2-14-83

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

3-3-83
APPROVED
MAR 3, 1983

BY OPRING SUPERVISOR T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple