

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 ☐  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ 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  
1140' FNL x 860' FEL, Section 17, T-31-N, R-5-W  
At top prod. interval reported below  
Same  
At total depth  
Same

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 7/14/78 16. DATE T.D. REACHED 8/3/78 17. DATE COMPL. (Ready to prod.) 8/25/78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* 6295' GL 19. ELEV. CASINGHEAD 6295'

20. TOTAL DEPTH, MD & TVD 8037' 21. PLUG, BACK T.D., MD & TVD 8030' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 0-TD ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 7874-8017', Dakota 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electrolog, Densilog-Neutron & Dual Induction Focused Log 27. WAS WELL CORED No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	40.5#	309'	15"	315 SX	
7-5/8"	26.4#	3653'	9-7/8"	1100 SX	
4-1/2"	11.6#	8037'	6-3/4"	980 SX	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	8010'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
7874-92', 7920-45', 7999-8017'		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		7874-8017	264,000# Sn x 136,000 gal frac fluid

33.\* PRODUCTION  
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) SI

DATE OF TEST 8/25/78 HOURS TESTED 3 hours CHOKE SIZE .75" PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO  
FLOW. TUBING PRESS. 250 CASING PRESSURE 1100 CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold TEST WITNESSED BY SEP 8 1978

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 Area Adm. Supervisor DATE 9/6/78

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

LTR



Job separation sheet

## INSTRUCTIONS

complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, the laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted to the appropriate agency are shown below or will be issued by, or may be obtained from, the local Federal office. For information on the procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office. For information on the procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office. For information on the procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations could be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments

nts, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

ance (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

(a) production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing (s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, red, showing the additional data pertinent to each interval.

Records for this well should show the details of any multiple stage cementing and the location of the cementing tool. This form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

[illegible]

NO. OF TRANSPORTERS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Northwest Pipeline Corporation  
Address  
PO Box 90, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well: ☒ Change in Transporter of:  
Recompletion: ☐ Oil: ☐ Dry Gas: ☐  
Change in Ownership: ☒ Casinghead Gas: ☐ Condensate: ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner: Amoco Production Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rosa Unit	65	Basin Dakota	XXXXFederal XXXX	SF 078769
Location Unit Letter: A; 1140 Feet From The North Line and 860 Feet From The East Line of Section: 17 Township: 31N Range: 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: <input type="checkbox"/> or Condensate: <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	3539 E 30th St., Farmington, New Mexico 87401					
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)					
Northwest Pipeline Corporation	3539 E 30th St., Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-14-78	8-25-78		8037'		8030'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6295' GR	Dakota		7874'		8010'			
Perforations					Depth Casing Shoe			
7874' - 8017'					8037'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		309'		315			
9-7/8"	7-5/8"		3653'		1100			
6-3/4"	4-1/2"		8037'		980			
-	2-3/8"		8010'		-			

V. 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 allowable 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.)	
	8-25-78	Flow	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CV 3095 AOF 3585	3 hrs	-	DIST. 3
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	2624 psig	2625 psig	2.375 X 0.750"

VI. CERTIFICATE OF COMPLIANCE

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

*Barbara L. Rex*  
(Signature)

Production Clerk

(Title)

October 24, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY Original Signed By A. R. Kendrick  
SUPERVISOR DIST. #

TITLE \_\_\_\_\_

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 multiply completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ 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. See space 17 below.)  
1140' FNL x 860' FEL, Section 17,  
AT SURFACE: T-31-N, R-5-W  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Operator Change</u>		

5. LEASE  
SF-078769  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_  
7. UNIT AGREEMENT NAME  
Rosa Unit  
8. FARM OR LEASE NAME \_\_\_\_\_  
9. WELL NO.  
65  
10. FIELD OR WILDCAT NAME  
Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NE/4 NE/4 Section 17,  
T-31-N, R-5-W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM  
14. API NO.  
30-039-21702  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6295' GL, 6308' KB

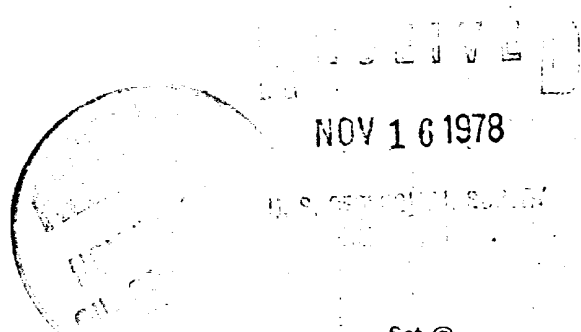
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

November 14, 1978 - Amoco Production Company turned subject well over to Northwest Pipeline Corporation; the Rosa Unit Operator

The new operator's address is:

Northwest Pipeline Corporation  
P.O. Box 90  
Farmington, NM 87401



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED A. AYOBOCA TITLE Dist. Adm. Supvr. DATE 11/15/78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: