

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. SF-078767	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY				7. UNIT AGREEMENT NAME Rosa Unit	
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401				8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1960' FSL x 815' FWL, Section 13, T-31-N, R-6-W At top prod. interval reported below Same At total depth Same				9. WELL NO. 66	
14. PERMIT NO.				DATE ISSUED	
12. COUNTY OR PARISH Rio Arriba				13. STATE NM	
15. DATE SPUDDED 6/4/78		16. DATE T.D. REACHED 7/11/78		17. DATE COMPL. (Ready to prod.) 8/11/78	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6346' GL		19. ELEV. CASINGHEAD 6346'			
20. TOTAL DEPTH, MD & TVD 8075'		21. PLUG, BACK T.D., MD & TVD 8070'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS O-TD		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7913-8058', Dakota				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Gamma Ray Log, Dual Induction Focused, Densilog-Neutron				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
10-3/4"		32.75		314'	
7-5/8"		26.4		3540'	
4-1/2"		11.6		8075'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
14-3/4"		315 sx			
9-7/8"		1090 sx			
6-3/4"		990 sx			
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)			
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2-3/8"		8061'			
31. PERFORATION RECORD (Interval, size and number) 7913-28', 7960-84, 8032-38', 8050-58 with 2 SPF of size .38"					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
7913-7984		305,000# SN x 115,000 gal frac fluid			
8032-8058		73,000# SN x 32,000 gal frac fluid			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST 8/11/78		HOURS TESTED 3 hours		CHOKE SIZE .75	
FLOW. TUBING PRESS. 360		CASING PRESSURE 1175		CALCULATED 24-HOUR RATE →	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
		553			
OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To Be Sold		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 E. E. CYCLODA		TITLE Area Adm. Supervisor		DATE 8/24/78	

*(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 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: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

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		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Pictured Cliffs	3160	3188	
Mesaverde	5450	5750	
Graneros Dakota	7913	7957	
Main Dakota	7957	8058	