

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 <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:	NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY						
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1530' FSL x 800' FEL At top prod. interval reported below Same At total depth Same						
5. LEASE DESIGNATION AND SERIAL NO. NM-048576						
6. IF INDIAN, ALLOTTEE OR TRIBE NAME						
7. UNIT AGREEMENT NAME						
8. FARM OR LEASE NAME Pan Am Federal "C"						
9. WELL NO.						
10. FIELD AND POOL, OR WILDCAT IF Basin Dakota						
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4 SE/4, Sec. 19 T30N, R12W						
12. COUNTY OR PARISH San Juan						
13. STATE NM						

14. PERMIT NO.	DATE ISSUED MAY 23 1981	15. DATE SPUDDED 3-28-80	16. DATE T.D. REACHED 4-12-80	17. DATE COMPL. (Ready to prod.) 6-10-80	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5704' GL	19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 6596	21. PLUG, BACK T.D., MD & TVD 6536	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY → 0 to TD	ROTARY TOOLS	CABLE TOOLS	25. WAS DIRECTIONAL SURVEY MADE No
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6346-6349', 6351-6356', 6414-6448', 6455-6469', Dakota						27. WAS WELL CORED No
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL (Cased Hole)						

28. CASING RECORD (Report all strings set in well!)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24	300	12 1/4"	325	
4 1/2"	11.6	6596	7 7/8"	1475	

29. LINER RECORD					30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
					2 3/8"	6507'
						None

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6346-6349', 6351-6356', 6414-6448', and 6455-6469, with 2 spf, a total of 112, .38" holes				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
				6346-6469'	93,000 gal of frac fluid and 268,000 # of 20-40 sand

33.* PRODUCTION							
DATE FIRST PRODUCTION 3-23-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
				813			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold	TEST WITNESSED BY ACCEPTED FOR RECORD
35. LIST OF ATTACHMENTS	

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
Original Signed by SIGNED E. E. SVOBODA	TITLE Dist. Admin. Supvr. DATE 5-27-81 FARMINGTON DISTRICT

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

# 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 23, 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 10:** 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; CORREL INTERVALS; AND ALL DATA-ITEM TESTS, INCLUDING DEPTH INTERVAL, TESTS, CUSHION PRESSURE, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	No.	GEOLOGIC MARKERS		
					NAME	TOP	FROM WHEN DEPTH
Upper Zones Not Logged							
Greenhorn	6226	6290					
Dakota	6392						