

Form approved.
Budget Bureau No. 42-R356.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DEEP ☐ Other _____		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		Elliott Gas Com R	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New-Mexico 87401		9. WELL NO. IE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 800 FNL x 1630 FWL At top prod. interval reported below Same At total depth Same		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		DATE ISSUED	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4 NW/4, Section 34 T30N, R9W		12. COUNTY OR PARISH San Juan	
13. STATE NM		13. STATE	
15. DATE SPUDDED 9-24-80		16. DATE T.D. REACHED 10-8-80	
17. DATE COMPL. (Ready to prod.) 11-29-80		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5761' GL	
19. ELEV. CASINGHEAD		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 7133'		21. PLUG, BACK T.D., MD & TVD 7050'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6818'-6847', 6932'-6954' - Dakota		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Induction Electric, Sidewall Neutron, Compensated Neutron,		27. WAS WELL CORRED Yes	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
9 5/8"	32.3#	320'	13 1/2"
7"	20#	2776'	8 3/4"
4 1/2"	10.5#	7111'	6 1/2"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	PACKER SET (MD)
2 3/8"			None
31. PERFORATION RECORD (Interval, size and number) 6818 - 6847, 6932 - 6954 with 2 spf, a total of 102, .38" holes			
32. ACID, SHOT, FRACTURE CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6818-6954		74,868 gal of frac fluid & 154,340 # 20-40 sand	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		Flowing	
WELL STATUS (Producing or shut-in) Shut-in			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
12-22-80	3 hrs.	.75"	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)
46	256		669
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold			
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. SYOBODA TITLE Dist. Admin. Supvr. DATE 1-23-81			

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

JAN 23 1981

FARMINGTON DISTRICT

NMOCC

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 32.

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: "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; 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.	38. GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Fruitland	2047	2374	Shaley sand		
Pictured Cliffs	2374	2431	Shaley sand		
Chacra	--	--	Shaley sand		
Lewis Shale	--	4064	Shale		
Mesaverde	4064	4810	Shaley sand		
Wancos Shale	4810	5950	Shale		
Gallup	5950	6246	Shaley sand		
Wancos Shale	6246	6712	Shale		
Greenhorn	6712	6765	Shaley limestone		
Wancos Shale	6766	6812	Shale		
Graneros Dakota	6812	6848	Shaley sand		
Graneros Shale	6848	6920	Shale		
Wain Dakota	6920	6964	Shaley sand		