

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. NM 019414																			
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																			
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		8. FARM OR LEASE NAME Stanolind Gas Com "C"																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1820' FSL x 1590' FEL At top prod. interval reported below Same At total depth Same		9. WELL NO. 1																			
10. FIELD AND POOL, OR WILDCAT Undesignated Gallup		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NW/4, SE/4, Section 17, T32N, R12W																			
14. PERMIT NO. DATE ISSUED		12. COUNTY OR PARISH San Juan																			
15. DATE SPUDDED 11-20-79		13. STATE NM																			
16. DATE T.D. REACHED 11-26-79		18. ELEVATIONS (T.D., R.S.B., RT, GR, ETC.)* 6023' GL																			
17. DATE COMPL. (Ready to prod.) 2-13-81		19. ELEV. CASINGHEAD																			
20. TOTAL DEPTH, MD & TVD 6915'		21. PLUG, BACK T.D., MD & TVD 5779'																			
22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DEILLED BY 0-TD																			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5314-5330, 5346-5370, 5376-5395, 5400-5408, 5488-5517, 5523-5526, 5560-5564, 5567-5588 - Gallup		25. WAS DIRECTIONAL SURVEY MADE No																			
26. TYPE, ELECTRIC AND OTHER LOGS RUN Comp Neutron - Comp Densilog; Induction-GR; Temp Surveys		27. WAS WELL CORED																			
28. CASING RECORD (Report all strings set in well)																					
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32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																					
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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																					
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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 _____ TITLE Dist. Admin. Supvr. DATE APR 23 1981 FARMINGTON DISTRICT																					

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

BY

AMOCO

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: "Seals 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.)

27. 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.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Ojo Alamo	not present	885				
Kirtland	surface	1410				
Fruitland	885	1626				
Pictured Cliffs	1410	3055				
Lewis	1626	3397				
Cliffhouse	3055	3842				
Menefee	3397	4174				
Point Lookout	3842	--				
Mancos	4174	5717				
Callup	5262	6019				
Mancos	--	6087				
Greenhorn	6019	6144				
Graneros	6087	6290				
Graneros Dakota	6144	6368				
Main Dakota	6290	--				
Lower Dakota	6368					