

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. I-22-IND-619	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe	
2. NAME OF OPERATOR Amoco Production Company				7. UNIT AGREEMENT NAME Contract 14-20-604-62	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401				8. FARM OR LEASE NAME Ute Indians "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 935' FNL x 980' FEL At top prod. interval reported below Same At total depth Same				9. WELL NO. 21	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota	
15. DATE SHUDDERED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to produce) _____ 18. ELEVATIONS (DF, RHE, RT, GR, ETC.) * _____ 19. ELEV. CASINGHEAD _____				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4, NE/4, Section 34, T32N, R14W	
20. TOTAL DEPTH, MD & TVD _____ 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY * _____ 23. INTERVALS DRILLED _____ ROTARY TOOLS _____ CABLE TOOLS _____				12. COUNTY OR PARISH San Juan	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD). 2230-2240, 2270-2284, 2356-2364 (Dakota)				13. STATE NM	
25. TYPE ELECTRIC AND OTHER LOGS RUN GR-SP-DIL-FDC-CNL				26. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CORED No					
28. CASING RECORD (Report all strings set in well) 1. 3					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8"		24#		295'	
4 1/2"		10.5#		2623'	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		2360'		None	
31. PERFORATION RECORD (Interval, size and number) 2230-2240, 2270-2284, 2356-2364 with 2 spf, a total of 64, .38" holes.					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
2230-2364		76,000 gal of foam x 120,000# 20-40 sand			
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
		Flowing			Shut-In
DATE OF TEST		HOURS TESTED		CHOKE SIZE	PROD'N. FOR TEST PERIOD
4-6-81		3 Hrs.		.75"	68
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	OIL—BRL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)
35 psig		170 psig		541	
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 _____

TITLE Dist. Admin. Supvr.

DATE 4-13-81

APR 17 1981

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

Dunlap
CAB

NMCCO

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: "Stacks 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 WELL-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	MEAN. DEPTH	TRUE VERT. DEPTH
McGavere	Surf	338				
Mancoo Shale	338	1574				
Gallup	1524	1660				
Greenhorn	2098	2152				
Graneros Shale	2152	2224				
Dakota	2224	2486				
Morrison	2486	--				