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Form O-105
Revised 11-78

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
SANTA FE

54. Indicate Type of Lease
 Lease Fee
 5. State and Lease No.

1a. TYPE OF WELL
 OIL WELL GAS WELL CO₂ DRY OTHER _____
 b. TYPE OF COMPLETION
 NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name
 8. Name of Lessee Name
 Heimann

2. Name of Operator
 Amoco Production Company

9. Well No.
 3

3. Address of Operator
 P. O. Box 68 Hobbs, NM 88240

10. Field and Pool, or Wildcat
 Und. Tubb

4. Location of Well
 UNIT LETTER K LOCATED 1830 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE OF SEC. 34 TWP. 21-N RGE. 33-E NMPM

11. County
 Harding

15. Date Spudded 7-30-79 16. Date T.D. Reached 8-10-79 17. Date Compl. (Ready to Prod.) 12-5-80 18. Elevations (DF, RKB, RT, GR, etc.) 5068 GL 19. Elev. Casinghead

20. Total Depth 2775' 21. Plug Back T.D. 2718' 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By: Rotary Tools _____ Cable Tools _____
 0-TD

24. Producing Interval(s), of this completion - Top, Bottom, Name
2615-2708' Tubb
 25. Was Directional Survey Made
 No

26. Type Electric and Other Logs Run
 Comp Neutron Form Density; Dual Laterolog
 27. Was Well Cored
 Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	370'	12-1/4"	200 SX Class C	Circ. 25 SX
4-1/2"		2771'	7-7/8"	1000 SX Class C	TCMT 359

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	30. TUBING RECORD
					SIZE: 2-3/8" DEPTH SET: 2664'

31. Perforation Record (Interval, size and number)
2615'-2708' w/2 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
 DEPTH INTERVAL: 2615'-2708' AMOUNT AND KIND MATERIAL USED: 3000 gal. 10% MOD-101

33. PRODUCTION

Date First Production: 10-8-79 Production Method (Flowing, gas lift, pumping - Size and type pump): Flowing Well Status (Prod. or Shut-in): _____

Date of Test: <u>12-5-80</u>	Hours Tested: <u>24</u>	Choke Size: <u>48/64</u>	Drifts Per Test Period: <u>0</u>	Oil - Bbl.: <u>0</u>	Gas - MCF: <u>1393</u>	Water - Bbl.: <u>0</u>	Gas - Oil Ratio: _____
Flow Tubing Press.: <u>165#</u>	Casing Pressure: _____	Calculated 24-Hour Rate: _____	Oil - Bbl.: <u>0</u>	Gas - MCF: <u>1393</u>	Water - Bbl.: <u>0</u>	Oil Gravity - API (Corr.): _____	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
 Test Witnessed By _____

35. List of Attachments
Logs mailed 10-25-79

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Bob Davis TITLE Admin. Analyst DATE 1-12-81

