N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
[X] Oil Well [ ] Gas Well [ ] Other

2. Name of Operator
Amoco Production Company (713) 366-7686

3. Address and Telephone No.
P. O. Box 3092, Houston, TX 77253-3092 Room 18.108

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FSL x 2130 FEL, (Unit Ltr. O)
Sec. 33, T-18-S, R-33-E

5. Lease Designation and Serial No.
NM 01177A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Federal /AB/ Well No. 1

9. API Well No.
30-025-26829

10. Field and Pool, or Exploratory Area
Scorpion Buffalo Queen

11. County or Parish, State
Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[ ] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Temporary Abandonment	[ ] Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. RUSU X POH W/PMP, RODS, X TBG IF PRESENT
2. CLEAN OUT WITH BIT AND SCRAPER AS NECESSARY TO PBTD.
3. SET CIBP AT 4400'
4. DISPLACE HOLE WITH NON CORROSIVE PACKER FLUID.
5. PRESSURE TEST WELL TO 500 PSI FOR 30 MINS.

RECEIVED
FEB 16 10 39 AM '94
CARLSBAD, NEW MEXICO
AREA MANAGERS

JUSTIFICATION: HOLD WELL FOR POTENTIAL RECOMPLETION TO BONE SPRINGS.

14. I hereby certify that the foregoing is true and correct
Signed [signature] Title Staff Assistant Date 2/4/94

(This space for Federal or State office use)
Approved by Orig. Signed by Shannon J. Shaw Title PETROLEUM ENGINEER Date 2/24/94
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-01177A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well
☑ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
Federal /AB/ Well No. 1

2. Name of Operator
Amoco Production Company

9. API Well No.
30-025-26829

3. Address and Telephone No.
P. O. Box 3092 (Rm 17.182) Houston, TX 77253-3092 (713) 596-7686

10. Field and Pool, or Exploratory Area
~~Buffalo~~ Corbin Queen, South

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FSL x 2130' FEL, Unit O, Sec. 33, T-18-S, R-33-E

11. County or Parish, State
Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☒ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other _____	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRUSU 12-18-92. WELL WAS TxPA X RECOMPLETED IN BUFFALO QUEEN. PULL KILL STRING X CO HOLE X CIBP SA 5100' X CAP X 35' CMT X PERF 4449-4467 W/4 JSPF X TST TO 750 PSI X OK X ACD X 1000 GAL 7-1/2% HcL X SWB TEST X FRAC DOWN TBG W/3382 #12/20 BRADY SAND X WELL SCREEN OUT X CO SAND TO 5065' X SWAB TEST.

UNSUCCESSFUL PLUG BACK. WELL SHUT-IN PENDING FURTHER EVALUATION.

RDMOSU 1-5-93.

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS

FEB 26 1993

14. I hereby certify that the foregoing is true and correct

Signed Devina M. Prince Title Staff Assistant Date 2-22-93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

Form 3160-4
(October 1990)

N.M. OIL CONS. COMMISSION
OPERATOR'S COPY
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
MAR 2 10 43 AM '93
CARLSBAD, NEW MEXICO

SUBMIT IN DUPLICATE (See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

5. LEASE DESIGNATION AND SERIAL NO.
NM-01177A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [X] DIFF. RESVR. [ ] Other

8. FARM OR LEASE NAME, WELL NO.
Federal /AB/ Well No. 1

2. NAME OF OPERATOR
Amoco Production Company

9. API WELL NO.
30-025-26829 ✓

3. ADDRESS AND TELEPHONE NO.
P.O.Box 3092, Houston, TX 77253-3092 (713) 596-7686

10. FIELD AND POOL, OR WILDCAT
~~Buffalo~~ Corbin Queen South

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 660' FSL x 2130' FEL, Unit O

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec.33, T-18-S, R-33-E

At top prod. interval reported below

At total depth

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Lea	NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
6-5-80	1-5-93	1-6-93	3738.6' GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
13665'	5065'		→		

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4449-4467'

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

27. WAS WELL CORED
No

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

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48	438	17-1/2"	500 SX Class C	
9-5/8"	40	5000	12-1/4"	2500 SX Lite 300 Class C	
5-1/2"	23,17,20	11428	8-3/4"	1700 SX Lite	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	4308'	

31. PERFORATION RECORD (*Interval, size and number*)
4449-4467' W/4 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4449-4467' (ACD)	1000 GAL 7-1/2% NEFE HCL
(FRAC)	33824 12/20 Brady Sand

PRODUCTION

33.*

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
NA		SI

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.)
NA						

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)
NA

TEST WITNESSED BY

35. LIST OF ATTACHMENTS
None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Donna M. Johnson TITLE Staff Assistant DATE 2-22-93

MAR 1 1993

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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.
Wolfcamp	11270'	11294'	Oil, Gas & Water

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Morrow	12272'	
Atoka	12460'	
Strawn	12066'	
Wolfcamp	10697'	
Bone Springs	7907'	
Delaware	5500'	