

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other _____
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐
		DIFF. RESVR. ☐	Other <u>P X A</u>		
2. NAME OF OPERATOR Amoco Production Company					
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below 1980' FSL & 1980' FEL, Sec. <u>22 27</u> (Unit J, NW/4 SE/4) At total depth					
14. PERMIT NO.			DATE ISSUED		
5. LEASE DESIGNATION AND SERIAL NO. NM-34850		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Federal BU		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT East Gem Morrow	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 27-19-33		12. COUNTY OR PARISH Lea		13. STATE NM	
15. DATE SPUDDED 1-10-81	16. DATE T.D. REACHED 2-7-81	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3585.7' GL		19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 5400'	21. PLUG, BACK T.D., MD & TVD Surface	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-TD	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry hole					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 13-3/8"	WEIGHT, LB./FT. 48#	DEPTH SET (MD) 468'	HOLE SIZE 17-1/2"	CEMENTING RECORD 475 SX Class C	AMOUNT PULLED 12 SX
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)		PACKER SET (MD)		
31. PERFORATION RECORD (Interval, size and number) P X A			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED FEB 23 1981		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
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.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					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 <u>Gerald L. Foshee</u>		TITLE <u>Admin. Analyst</u>		DATE <u>2-19-81</u>	

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

0+4-USGS, H

1-Hou

1-Susp

1-W. Stafford, Hou

1-GLF

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, 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.

See instructions on items 22 and 24, and 26, below regarding separate reports for separate components.
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.), formations 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: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Submit a separate completion report on this form for each interval to which the cementing was applied. (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	MEAS. DEPTH TRUE VERT. DEPTH
				Will be submitted upon completion of Federal BU #1Y	