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

Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

# WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM-40451

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other PXA

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other PXA

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal CP

2. NAME OF OPERATOR: Amoco Production Company

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: P. O. Box 68, Hobbs, New Mexico 88240

10. FIELD AND POOL, OR WILDCAT: Und. Bone Springs

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1980' FSL X 1980' FEL (Unit J, NW/4,SE/4)
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 8-18- 32

BUREAU OF LAND MANAGEMENT RECEIVED NOV 04 1983 ROSWELL, NEW MEXICO DIST. 6 N. M.

| 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 |
|---|---|---|---|---|
| 12-21-81 | 1-18-82 | PXA 10-28-83 | 3761.4' GL | |

| 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 |
|---|---|---|---|---|---|
| 8860' | Surface | | → | 0-TD | |

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: PXA

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Compensated Neutron Denisty, Dual Laterolog

27. WAS WELL CORED: No

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

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---|---|---|---|---|---|
| 11-3/4" | 42# | 697' | 14-3/4" | 425 sx Cl C w/.3% Halad 4 | Circ. 5sx |
| 8-5/8" | 24# | 2428' | 10-5/8" | 725 sx Lite, 200 Sx Cl C | Circ. 220 sx |
| 5-1/2" | 15, 17# | 8859' | 7-3/4" | 705 sx Cl H, 840 sx Lite | TCMT 2399' |

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*): PXA

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| | |

33.* PRODUCTION

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

| 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

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS
NOV 16 1983
ROSWELL, NEW MEXICO

35. LIST OF ATTACHMENTS
* Logs previously sent 2-3-82

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

SIGNED Charles M. Herring TITLE Administrative Analyst DATE 11-1-83

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

0+6-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J.Nash, HOU Rm 4.206 1-CMH 1-Conoco 1-Gulf, Mid 1-Belco 1-Galaxy Oil 1-Cities Service

# 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:** *"Sacks 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 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. |
|---|---|---|---|
| 1st Bone Springs | 7780 | 8540 | |

38. GEOLOGIC MARKERS

| NAME | TOP | |
|---|---|---|
| | MEAS. DEPTH | TRUE VERT. DEPTH |
| Yates | 2360 | |
| Seven Rivers | 2925 | |
| Queen | 3712 | |
| Penrose | 3962 | |
| Grayburg | 4012 | |
| San Andres | 4280 | |
| Delaware | 4512 | |
| Bone Springs | 6250 | |
| 1st Bone Spr. | 7780 | |
| 2nd Bone Spr. | 8540 | |



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

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well [X] gas well [ ] other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL X 1980' FEL, Sec. 8
AT TOP PROD. INTERVAL: (UnitJ, NW/4,SE/4)
AT TOTAL DEPTH:

5. LEASE
NM-40451

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "CP"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Und. Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8-18-32

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3761.4 GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | | [ ] |
| FRACTURE TREAT | [ ] | | [ ] |
| SHOOT OR ACIDIZE | [ ] | | [ ] |
| REPAIR WELL | [ ] | | [ ] |
| PULL OR ALTER CASING | [ ] | | [ ] |
| MULTIPLE COMPLETE | [ ] | | [ ] |
| CHANGE ZONES | [ ] | | [ ] |
| ABANDON* | [ ] | | [ ] |
| (other) Status update | | | X |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

Moved in service unit 6-29-82. Swab tested 8 hours. Recovered 115 barrels of water. Ran pump and rods. Moved out service unit 7-1-82. Pump tested 81 days. Recovered 157 barrels of oil, 703 barrels of water, and 0 mcf gas. Currently shut-in evaluating.

0+6-MMS, R  1-HOU  1-W. Stafford, HOU  1-DMF  1-Conoco
1-Gulf,Mid  1-Belco  1-Galaxy Oil  1-Cities Service

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mark Stratman TITLE Ast. Adm. Analyst DATE 9-28-82

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983

*See Instructions on Reverse Side

Form 9-331
Dec. 1973

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UNITED STATES
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GEOLOGICAL SURVEY

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL X 1980' FEL, Sec. 8
AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/4)
AT TOTAL DEPTH:

5. LEASE
NM-40451

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal CP Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Und. Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8-18-32

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3761.4' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☒ | ☐ |
| (other) | | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

Propose to plug and abandon the subject well per the following:

Move in and rig up service unit. Kill well with brine water and POH rods and pump. Unseat anchor and pull tubing and anchor. Run in hole with CIBP and set at 6200'. Cap with 25 sx class C neat cement thru tubing. Circulate hole with mud. Spot 25 sx of class C neat cement from 4390'-4640' (250'plug). Spot 25 sx of class C neat cement from 2303'-2553' (250'plug). Spot 25 sx of class C neat cement from 597'-847'. Spot a 10 sx surface plug of class C neat cement and erect permanent PXA marker. Cap well & clean location.

0+6-BLM, R 1-HOU 1-F.J.Nash, HOU 1-CMH 1-Conoco 1-Gulf, Mid 1-Belco
1-Galaxy Oil 1-Cities Service

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [signature] TITLE Admin. Analyst DATE 6-20-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
(Orig. Sgd.) PETER W. CHESTER
AUG 19 1983

*See Instructions on Reverse Side