Form 3160-4
(November 1983)
(formerly 9-330)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: LC-064009(C)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Federal DM
9. WELL NO.: 2
10. FIELD AND POOL, OR WILDCAT: Wildcat Bone Springs
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 8-18-32
12. COUNTY OR PARISH: Lea
13. STATE: NM

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Shut-in

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☐ 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 and in accordance with any State requirements)*
At surface: 1980' FNL x 660' FEL, Unit H, SE/4, NE/4
At top prod. interval reported below
At total depth

14. PERMIT NO.: 3002529346 | DATE ISSUED:

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (~~Ready to prod.~~)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
2-12-86	3-17-86	6-25-86	3806.6' 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
10,500'	10,471'		→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 8186'-8496', Bone Springs

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: CNL/FDC-GR, DLL/MSFL-GR

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
20"	75.71#	40'	26"	2 3/4 yds RediMix x 6SX	None-Surface
13 3/8"	54.5#	416'	17 1/2"	450SX C1 C w/2% CACl	Circ. 140SX
8 5/8"	32#	2,800'	12 1/4"	1100SX C1 C Lt., 400SX C1 C	Circ. 280SX
5 1/2"	17# & 15.5#	10,500'	7 7/8"	1350SX C1 H, 1200SX C1 H Neat	Circ. 523SX

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"		8072'

31. PERFORATION RECORD (Interval, size and number)

8186'-8254', 8254-8294', 8334-8428', 8456'-8496'

968 Tot. Shots.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8,186'-8,496'	10,000 gals of gelled 15% HCl

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
4-11-86	Swabbing	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.)

ACCEPTED FOR RECORD
JUN 30 1986
CARLSBAD, NEW MEXICO

TEST WITNESSED BY

35. LIST OF ATTACHMENTS: Inclination Report

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 (SG) DATE 6/26/86

*(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.

Wildcat TA Approved Dated 3/31/87

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.
Bone Springs	8186'	8496'	Oil, Water, gas

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Salt	2,132'	
Gates	2,282'	
San Andres	4,162'	
Bone Springs Lime Stone	5,916'	
1st Bone Springs Sand	7,768'	
2nd BS Carbonate	8,087'	
2nd B.S. Sand	8,508'	
3rd BS. Carbonate	9,000'	
3rd BS Sand	9,053'	
Wolfcamp	9,193'	

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company

Address: P.O. Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [ ] Dry Gas
  - [ ] Condensate
- Other (Please explain): Request allowable to spot sell 5 B.O. held in test frac tanks.

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Federal DM	2	Wildcat Bone Springs	Federal	LC-064009C

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 8 Township 18-S Range 32-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	08	18-S	32-E		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Parker B. Herring
(Signature)
Administrative Analyst (SG)
(Title)
7/9/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1986, 19__

BY _____

TITLE ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

015 NMOCD, H, 1-JRB, 1-FJN, 1-CMH, 1-Belco, 1-Rupe.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well: X	Gas Well	New Well: SI	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded: 2-12-86	Date Compl. ~~Ready to Prod.~~: 6-25-86 (SI)		Total Depth: 10,500'			P.B.T.D.: 10,471'		
Elevations (DF, RKB, RT, GR, etc.): 3806.6' GL	Name of Producing Formation: Bone Springs		Top Oil/Gas Pay: 8186'			Tubing Depth		
Perforations: 8186'-8254', 8254-94', 8334-8428', 8456'-8496'						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	2¾ yds Redi Mix x 6 SX
17½"	13⅜"	416'	450 SX Cl C w/2% CACL
12¼"	8⅝"	2,800'	1100 SX Cl C Lt., 400 SX Cl C
7⅞"	5½"	10,500'	1350 SX Cl H, 1300 SX Cl H Neat

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
JUL 10 1986
O.C.D.
HOBBS, OFFICE

FIELD Young North Bone Spring COUNTY Lea, NM OCC NUMBER

OPERATOR Amoco Production Company ADDRESS 501 Westlake Park Blvd., Box 3092
Houston, Texas 77253

LEASE DM WELL NO. 2

SURVEY 1980' FNL & 660' FEL, Sec. 8, T-18-S, R-32-E

RECORD OF INCLINATION

DEPTH (FEET)	ANGLE OF INCLINATION (DEGREES)
416	1/2
890	3/4
1,390	1/2
1,888	1 1/4
2,541	2
2,604	1 3/4
2,800	1
3,281	3/4
3,642	1
4,215	3/4
4,671	1
5,148	1
5,614	3/4
6,485	1 3/4
6,734	2 1/4
6,797	2 1/2
6,859	2 1/4
6,953	2 1/2
7,046	2 3/4
7,140	3
7,269	2 3/4
7,394	3 3/4
7,591	4
7,684	3 3/4
7,746	3 1/2
7,933	3 1/4
7,996	3
8,214	2 3/4
8,369	2
8,619	2 1/2
8,774	2 1/4

Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.

HONDO DRILLING COMPANY

BY: _____
Walter Frederickson
Vice President

Sworn and subscribed to before me the undersigned authority, on this the

20th day of March, 1986.

Margaret B. Anderson Notary Public in and for Midland County, Texas.
Margaret B. Anderson

FIELD Young North Bone Spring COUNTY Lea, NM OCC NUMBER

OPERATOR Amoco Production Company ADDRESS 501 Westlake Park Blvd., Box 3092
Houston, Texas 77253

LEASE DM WELL NO. 2

SURVEY 1980' FNL & 660' FEL, Sec. 8, T-18-S, R-32-$

RECORD OF INCLINATION

DEPTH (FEET)	ANGLE OF INCLINATION (DEGREES)
8,960	2
9,241	1 3/4
9,616	1 3/4
10,052	1 3/4
10,500	1 1/2

Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.

HONDO DRILLING COMPANY

BY: _____
Walter Frederickson
Vice President

Sworn and subscribed to before me the undersigned authority, on this the

20th day of March, 1986.

_____ Notary Public in and for Midland County, Texas.
Margaret B. Anderson

Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

P.O. BOX 1980 HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-064009(C)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME: Federal DM

3. ADDRESS OF OPERATOR: P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.: 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

1980 ' FNL x 660 ' FEL
(UNIT H, SE14, NE14)

10. FIELD AND POOL, OR WILDCAT: Wildcat Wolfcamp

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

14. PERMIT NO.: 3002529346

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3806.6' GL

12. COUNTY OR PARISH: Lea

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Status Update			☒
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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.)*

The subject well was swab tested for 76 hrs and recovered 10BO, 266BLW and very slight show of gas. MOSU. The well is currently shut-in evaluating.

ACCEPTED FOR RECORD
JUN 23 1986
CARLSBAD, NEW MEXICO

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1- CMH 1-Belco 1-Rupe

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

SIGNED Charles M. Hellwig TITLE Administrative Analyst (SG) DATE 6/19/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions 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.

Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-064009(C)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

1.
OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME
Federal DM

3. ADDRESS OF OPERATOR
P. O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FNL x 660' FEL
Unit H SE/4, NE/4

10. FIELD AND POOL, OR WILDCAT
Wildcat Wolfcamp

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

14. PERMIT NO.
30025293346

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3806.6' GL

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Status Update			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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 4-3-86. Ran 4¾" bit x tagged top of cement at 5865'. Drilled out cement to 6002' x DV tool x test casing to 1000 psi x O.K. Circ hole clean x tagged cement at 10249' x drilled out to 10471' x test casing to 1000 psi for 30 minutes x O.K. POH x Ran Gamma Ray Correlation Log 10471'-7700'. Loggers corrected to 10457' x perforated 8186'-8254', 8254'-8294', 8334'-8428', x 8456'-8496' x 4 JSPF 0.500" diameter Total 968 shots. Acidized x 19,000 gallons 15% NEFE Acid x additives. POH x tubing x packer. Preparing to swab x flow test to evaluate productivity.

0+5 BLM 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO

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

SIGNED Beverly A. Otwell TITLE SENIOR ADMINISTRATIVE ANALYST DATE 4-21-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

See Instructions on Reverse Side

APR 28 1986

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.

CARLSBAD, NEW MEXICO