

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. OIL CONS. COMMISSION
P. O. BOX 1930
HOBBS, NEW MEXICO 88240
(See other instructions on reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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>PXA</u>
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' FSL X 1980' FEL, Sec. 15 (Unit J, NW/4, SE/4) At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 3-16-81							
16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
		11-8-82 PXA		3694.4' GL			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
13,800		PXA				ROTARY TOOLS CABLE TOOLS 10'-13,800'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* PXA						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
16"	65#	408'	20"	Circ. to surf.	145SX
10-3/4"	65.7, 45.5, 51	4167	14-3/4"	Circ. to surf.	600 SX
7-5/8"	33.7, 39, 33.7	11600	9-1/2"	Tie back to 10-3/4	
4-1/2"	15.1#	13800	6-1/2"	Tie back to 7-5/8	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4-1/2"	11,007'	13,800'	500 SX				

31. PERFORATION RECORD (Interval, size and number) PXA		32. ACID, SHOT, ETC. RECORD DEPTH INTERVAL (MD) DEC 1 1982	
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33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
		OIL & GAS MINERAL SERVICE ROSWELL, NEW MEXICO					
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.)							

35. LIST OF ATTACHMENTS		ACCEPTED FOR RECORD (ORIG. SGD.) DAVID R. GLASS DEC 8 1982	
36. I hereby certify that the foregoing and attached information is complete and correct.		MINERAL MANAGEMENT SERVICE ROSWELL, NEW MEXICO	
SIGNED <u>Mark E. Luman</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>11-12-82</u>	

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.
Delaware	5973'	6572'	Unproductive
Bone Springs	7990'	9372'	Unproductive
Wolfcamp	11702'	11736'	Unproductive
Strawn	12508'	12521'	Unproductive
Morrow	13304'	13582'	Unproductive

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	3860'	
Seven Rivers	4380'	
Queen	4875'	
San Andres	5240'	
Delaware	5928'	
Bone Springs	8232'	
Wolfcamp	11500'	
Strawn	12305'	
Atoka	12529'	
Morrow	13141'	

RECEIVED

DEC 9 1982

OFFICE