

Amended

Form 9-330
(Rev. 5-63)

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

SUBMIT IN DUPLICATE*

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	PXA	
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 1980' FWL, Sec. 35					
At top prod. interval reported below (Unit C, NE/4, NW/4)					
At total depth					
14. PERMIT NO.			DATE ISSUED		
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
6-30-80		11-16-80		10-21-82 PXA	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
15700		Surface			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE
PXA					Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED

5. LEASE DESIGNATION AND SERIAL NO. NM-11970
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Federal BG
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT PXA
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 35-22-33
12. COUNTY OR PARISH Lea
13. STATE NM

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	878	20	1060 SX C1 C 2% KCL	75 SX
10-3/4	45.5	5088	14-3/4	450 SX lite, 200 C1 C neat	475 SX
7-5/8	33.7, 39	12410-2883	9-1/2	1400 SX lite, 950 C1H	TCMT 3795

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
PXA		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)					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	WATER/GAS 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							

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED <u>Mark Freeman</u>	TITLE <u>Asst. Admin. Analyst</u>
ACCEPTED FOR RECORD (ORIG. SGD.) DAVID R. GLASS OCT 25 1982 U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO	
DATE <u>10-21-82</u>	

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

0+6-MMS.R 1-Hou 1-W. Stafford, Hou 1-DMF

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: "Seals 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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	5018	5400	DST-1 FLW 10 min. 66# 2FLW 10 MIN 752#. 60 MIN ISP 2009#. 60 MIN FFP 914# X 1580#. 195 MIN FSIP 2009#. FHP 2533. SAMPLE CHAMBER CONTAINED 48# X0 Gas X0 Oil X1900 CCW. W. HAD.07 RESISTIVITY AT 88 DEGREES X 141212 CHLORIDE NOT COMMERCIALY PRODUCTIVE	Morrow	14580	
Bone Springs	6328	6334	NOT COMMERCIALY PRODUCTIVE	Atoka	13964	
Bone Springs	10358	10376	NOT COMMERCIALY PRODUCTIVE	Strawn	13710	
	12072	12264	NOT COMMERCIALY PRODUCTIVE	WOLFECAMP	12416	

RECEIVED
OCT 26 1982
O.C.B.
HOBBS OFFICE