

To show cor... perfs and tubing depth.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

M. M. OIL CONS. COMMISSION
P. O. BOX 1982
HOBBS, NEW MEXICOForm 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 ☐
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, Sec. 6 At top prod. interval reported below (Unit H, SE/4, NE/4) At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 7-26-81		16. DATE T.D. REACHED 10-22-81		17. DATE COMPL. (Ready to prod.) 1-22-82		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3650 RDB	
20. TOTAL DEPTH, MD & TVD 15018		21. PLUG, BACK T.D., MD & TVD 14480		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS X CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 14055'-14352' Morrow						25. WAS DIRECTIONAL SURVEY MADE Yes	
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	500	20	600 clc		Circ.	
10-3/4	45.5, 51	4587	14-3/4	3700 lite, 200 clc		350	
7-5/8	39	11893	9-1/2	500 lite, 20 clh			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
4-1/2	11365	15018	600		SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	13950	11240
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
14340'-352', 14316'-29' 14150'-161', 14049'-55' 2 JS .4 inch				DEPTH INTERVAL (MD) 14049-14352 AMOUNT AND KIND OF MATERIAL USED 6300 gal 7-1/2% MS with 1000 SCF N2 per Barrel			
33.* PRODUCTION							
DATE FIRST PRODUCTION 1-8-82		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 1-21-82	HOURS TESTED 24	CHOKE SIZE 18/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 3	GAS—MCF. 750	WATER—BBL. 18	GAS-OIL RATIO 250000
FLOW. TUBING PRESS. 450	CASING PRESSURE →	CALCULATED 24-HOUR RATE →	OIL—BBL. →	GAS—MCF. →	OIL GRAVITY-API (CORR.)		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented							
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>Assist. Admin. Analyst</u>		DATE <u>3-2-82</u>			

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

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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	4637					
Bone Springs	8530					
Wolfcamp	11810					
Strawn	13082					
Atoka	13378					
Morrow	13905					
Barnett	14928					

RECEIVED
OCT 5 1982
HOBBS