

COPY TO O. &amp; C.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. LC-030180- <u>4a</u>	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE/OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240				8. FARM OR LEASE NAME Farnsworth Federal A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 890' FNL & 890' FWL, Sec. 18 At top prod. interval reported below (Unit D, NW/4, NW/4) At total depth				9. WELL NO. 12	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Scarborough Yates-Rivers	
15. DATE SPUDDED 1-2-79				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 18-26-37	
16. DATE T.D. REACHED 1-11-79				12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 4-1-79				13. STATE NM	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2969' RDB				19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3350'		21. PLUG, BACK T.D., MD & TVD 3060'		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____				24. ROTARY TOOLS 0-TD	
25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry Hole				26. WAS DIRECTIONAL SURVEY MADE No	
27. TYPE ELECTRIC AND OTHER LOGS RUN Comp form neutron density; Dual laterolog; Micro SFL				28. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
9-5/8"		32.3#		1133'	
7"		23#		3349'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
12-1/4"		200 Thix set 400 Lite 200		Incor. Circ.	
8-3/4"		950 SX Class C		250 SX	
30. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
				SIZE	
				DEPTH SET (MD)	
				PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)					
2989'-2994' w 2 JSPF 3081'-3087 w 4 JSPF					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
2989'-2994'			500 gal. 15% NE acid		
3081'-3087'			500 gal. 15% N <sub>2</sub> acid		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
4-1-79		24 hr.			317
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY			
35. LIST OF ATTACHMENTS		Logs mailed 1-18-79.			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED Bob Davis		TITLE Admin. Analyst		DATE 8-1-80	

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

0+4-USGS, H 1-Hou 1-Susp 1-LBG 1-Wayne Stafford, Hou

# 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:** "Stacks 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 TOP TRUE VERT. DEPTH
None			Dry Hole	Yates Seven Rivers	2736 2996

RECEIVED  
AUG 12 1980