

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES

SUBMIT IN DUPI I

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

JAN 3 1982

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	ROSWELL, NEW MEXICO	PXA
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☒
				DIFF. RESER. ☐	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 FSL X 660 FSL					
At top prod. interval reported below					
At total depth					
14. PERMIT NO.				DATE ISSUED Sept. 7, 1937	
15. DATE SPUNDED 9-21-37		16. DATE T.D. REACHED 11-7-37		17. DATE COMPL. (Ready to prod.) 11-27-37	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3160' GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3463'		21. PLUG. BACK T.D., MD & TVD PXA		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0'-3230'		CABLE TOOLS 3230'-3463'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* PXA <i>yates zone only</i>					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
13"	40#	162	17-1/2"	100 SXs	
8-5/8"	28#	1185	11"	360 SXs	
5-1/2"	17#	3221	7-7/8"	400 SXs	

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.* MINERALS MANAGEMENT SERVICE PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or 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.)						TEST WITNESSED BY	

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

Charles M. Haring

TITLE

Assist. Admin. Analyst

DATE

11-30-82

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

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.), formations 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAN. DEPTH	TRUE VERT. DEPTH
Caliche	0	32				
Caliche & Redbeds	32	120				
Red Rock	120	875				
Red Rock&Anhy	875	1106				
Anhydrite	1106	1262				
Salt	1262	1273				
Salt & Anhyd.	1273	2765				
Anhyd.&Brown Lime	2765	2808				
Brown Lime	2808	3004				
Grey Lime	3004	3270				
Sandy Lime	3270	3276				
Grey Lime (hard)	3276	3415				
Sand (SlightSOG)	3415	3424				
Sandy Lime	3424	3430				
Hard Lime	3430	3452				
Sand (hole filled with cement)	3452	3463				

RECEIVED
FEB 7 1983
with B.C.D. OFFICE