

N. M. OIL & GAS COMMISSION
P. O. BOX 0
HOBBS, NEW MEXICO 88240UNITED 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 ☐	GAS WELL ☐	DRY ☐	Other <u>PXA</u>		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						3. ADDRESS OF OPERATOR	
Amoco Production Company						P.O. Box 68, Hobbs, NM	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						5. LEASE DESIGNATION AND SERIAL NO.	
At surface						NM 24490	
At top prod. interval reported below						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						8. FARM OR LEASE NAME	
DATE ISSUED						Andrikopoulous Fed.	
15. DATE SPUDDED						9. WELL NO.	
5/20/81						2	
16. DATE T.D. REACHED						10. FIELD AND POOL, OR WILDCAT	
6/2/81						Wildcat Delaware	
17. DATE COMPL. (Ready to prod.)						11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA	
PXA						24-25-33	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*						12. COUNTY OR PARISH	
3332.4						Lea	
19. ELEV. CASINGHEAD						13. STATE	
20. TOTAL DEPTH, MD & TVD						NM	
5300						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
21. PLUG, BACK T.D., MD & TVD						PXA	
22. IF MULTIPLE COMPLETIONS, HOW MANY						25. WAS DIRECTIONAL SURVEY MADE	
23. INTERV. LOGGED BY						No	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
Comp Neutron Form Density; Dual induction						No	
28. CASING RECORD (Report all casing set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8		24#		600		12 1/4	
7 7/8 5 1/2		17# 20#x23#		5300		7 7/8	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SIZE	
						DEPTH SET (MD)	
						PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
5264-96 2SPF				DEPTH INTERVAL (MD)			
5197-228 2SPF				5197-228			
5176-88 2SPF				5176-88			
				5176-88, 5152-65			
				21,000 gal of 40# gel x 46,000 lbs 10/20 sand.			
33.* 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	
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						ACCEPTED FOR RECORD	
Logs Sent 7-10-81						ROGER A. CHAPMAN	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						MAR 23 1982	
SIGNED _____						Assist Admin Analyst	
TITLE _____						DATE _____	

* (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	TOP MEAS. DEPTH TRUE VERT. DEPTH
Delaware	5176	5296	Dry	Rustler Delaware	1050 5110

RECEIVED
APR 2 1982
O.C.S.
HOBBS OFFICE