

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE
(See other instructions on reverse side)
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. RESV. ☐
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 660' FSL X 1980' FEL (Unit 0, SW/4, SE/4) At top prod. interval reported below At total depth						
14. PERMIT NO.		DATE ISSUED MAR 17 1983				
15. DATE SPUDDED 9-17-82		16. DATE T.D. REACHED 1-16-83		17. DATE COMPL. (Ready to prod.) 2-7-83		
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3165.1 GR		19. ELEV. CASINGHEAD				
20. TOTAL DEPTH, MD & TVD 16109		21. PLUG, BACK T.D., MD & TVD 14200		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)* 13764'-14200' open hole Strawn				25. WAS DIRECTIONAL SURVEY MADE No		
26. TYPE ELECTRIC AND OTHER LOGS RUN				27. WAS WELL CORED No		

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20	94	849	26	1950 C1 C	900 Sx
13-3/8	68 & 72	5176	17-1/2	4450 sx lite, 400 C1 C	1500 sx
9-5/8	53.5	12686	12-1/4	1750 poz, 800 C1 H, 2450	lite

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5-1/2	12177	13764	750 C1 H		2-7/8	13921	13653

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
13764'-14200' open hole		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION							
DATE FIRST PRODUCTION 2-6-83		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) shut-in	
DATE OF TEST 2-6-83	HOURS TESTED 4	CHOKE SIZE 48/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 0	GAS—MCF. 325217	WATER—BBL. 0	GAS-OIL RATIO --
FLOW. TUBING PRESS. 90	CASING PRESSURE →	CALCULATED 24-HOUR RATE →	OIL—BBL. 0	GAS—MCF. 1300	WATER—BBL. 0	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Test gas flared; waiting on Gas Sales Connection					TEST WITNESSED BY ACCEPTED FOR RECORD		
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35. LIST OF ATTACHMENTS				(ORIG. SGD.) DAVID R. GLASS MAR 24 1983			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Mark T. [Signature]</u>		TITLE <u>Assist. Admin. Analyst</u>		3-16-83		[Initials]	
				MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO			

* (See Instructions and Spaces for Additional Data on Reverse Side)
* Additional completion work in progress.

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 33.

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	NAME	MEAS. DEPTH TRUE VERT. DEPTH
Delaware	5230'		
Bone Springs	9278'		
Strawn	13764'		
Atoka	14455'		
Morrow	15373'		