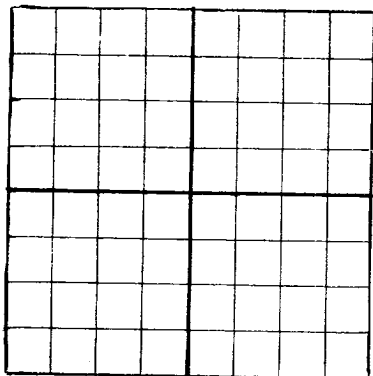


GOVT.

9-330

FORM ~~C-105~~

N



AREA 640 ACRES
LOCATE WELL CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to Oil Conservation Commission, Santa Fe, New Mexico, or its proper agent not more than twenty days after completion of well. Follow instructions in the Rules and Regulations of the Commission. Indicate questionable data by following it with (?). **SUBMIT IN TRIPPLICATE. FORM C-110 WILL NOT BE APPROVED UNTIL FORM C-105 IS PROPERLY FILLED OUT.**

The Texas Co.

Box 1720, Ft. Worth, Texas

Company or Operator

Address

S. M. Compton

Well No. 2

in

of Sec. 17

T. 16S

Lease

R. 31E

N. M. P. M.,

Wildcat

Field,

Eddy

County.

Well is 1980

feet south

of the ~~NORTH~~ line and

1980

feet west of the East line of

Sec. 17

If State land the oil and gas lease is No. _____ Assignment No. _____

If patented land the owner is _____ Address _____

If Government land the permittee is _____ Address _____

The Lessee is _____ Address _____

Drilling commenced _____ 19 _____ Drilling was completed _____ 19 _____

Name of drilling contractor _____ Address _____

Elevation above sea level at top of casing _____ feet.

The information given is to be kept confidential until _____ 19 _____

OIL SANDS OR ZONES

No. 1, from 2930' to 2940' (G) No. 4, from _____ to _____

No. 2, from _____ to _____ No. 5, from _____ to _____

No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from 545 to 555 feet.

No. 2, from 2640 to 2670 feet.

No. 3, from _____ to _____ feet.

No. 4, from _____ to _____ feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	THREADS PER INCH	MAKE	AMOUNT	KIND OF SHOE	CUT & FILLED FROM	PERFORATED		PURPOSE
							FROM	TO	
10 3/4	32.75	8 rd	Smls-	762	Reg.	0-599' (EST)			
8 5/8	28 1/2	8 rd	Smls	2701	Texas	0-2701'			

Subscribed and sworn to before me this _____ day of _____ 19____

My Commission expires _____

Notary Public _____

Address _____

Company or Operator _____

Representing _____

Position _____

Name _____

Place _____

Date _____

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

FORMATION RECORD ON OTHER SIDE

J. O. Powell Driller
 G. G. Sams Driller
 Ches. Pratt Driller

EMPLOYEES

Put to producing Sept. 1 19____

The production of the first 24 hours was _____ barrels of fluid of which _____ % was oil; _____ % emulsion; _____ % water; and _____ % sediment. Gravity, Be _____

If gas well, cu. ft. per 24 hours _____

Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. _____

PRODUCTION

Rotary tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

TOOLS USED

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto.

RECORD OF DRILL-STEM AND SPECIAL TESTS

Results of shooting or chemical treatment _____

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	DATE	DEPTH SHOT OR TREATED	DEPTH CLEANED OUT
	None	None				

RECORD OF SHOOTING OR CHEMICAL TREATMENT

Heaving plug—Material _____ Length _____

Adapters—Material _____ Size _____

PLUGS AND ADAPTERS

SIZE OF HOLE	SIZE OF CASTING	WHEN SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
10 3/4	10 3/4	753	50	Ballburton		
	8 5/8	2691	Added	Plug		