

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	1
OPERATOR	1

Form C-105  
Revised 1-1-65

# NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease  
State ☐ Fee ☐

5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____		8. Farm or Lease Name <b>Chaco Canyon - Scanlon</b>	
2. Name of Operator <b>OSBORN &amp; WEIR</b>		9. Well No. <b>17</b>	
3. Address of Operator <b>Post Office Box 777 Jal, New Mexico</b>		10. Field and Pool, or Wildcat	
4. Location of Well UNIT LETTER <b>M</b> LOCATED <b>990</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE OF SEC. <b>21</b> TWP. <b>20N</b> RGE. <b>9W</b> NMPM		12. County	
15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name <b>THIS IS TO ADVISE THAT ALL RECORDS CONCERNING THIS WELL HAVE EITHER BEEN LOST OR DESTROYED AND THAT OPERATOR HAS NO KNOWLEDGE AS TO THE DRILLING AND CASING HISTORY.</b>			19. Elev. Casinghead 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	HOLE SIZE
CEMENTING RECORD		AMOUNT PULLED	
29. LINER RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT
SCREEN		30. TUBING RECORD	
SIZE	DEPTH SET	PACKER SET	
31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL		AMOUNT PULLED MATERIAL USED	
33. PRODUCTION			
Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)		
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.	Gas - Oil Ratio
34. Disposition of Gas (Sold, used for fuel, vented, etc.)			Test Witnessed By
35. List of Attachments			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
OSBORN & WEIR			
SIGNED <b>William J. Cooley</b>		TITLE <b>Attorney and Agent</b>	
		DATE <b>9/22/66</b>	

