

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

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

Form O-105  
Revised 1-1-65

5a. Indicate Type of Lease  
State ☒ Fee

5. State Oil & Gas Lease No.  
K2462

1a. TYPE OF WELL  
OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER

b. TYPE OF COMPLETION  
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

7. Unit Agreement Name

8. Farm or Lease Name  
N MEX STATE

9. Well No.  
#3

2. Name of Operator  
Dr. Robert T Smith

3. Address of Operator  
1717 W. Prospect St. Collins Colo.

10. Field and Pool, or Wildcat  
Wildcat

4. Location of Well  
UNIT LETTER D LOCATED 330 FEET FROM THE North LINE AND 330 FEET FROM

12. County  
McKinley

THE West LINE OF SEC. 32 TWP. 20N RGE. 9W NMPM

15. Date Spudded 25 JUNE 69 16. Date T.D. Reached 28 JUNE 69 17. Date Compl. (Ready to Prod.) 28 JUNE 1969 18. Elevations (DF, RKB, RT, CR, etc.) 19. Elev. Casinghead

20. Total Depth 600 ft. 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 DRY HOLE 25. Was Directional Made YES

26. Type Electric and Other Logs Run None 27. Was Well Cored NO

| 28. CASING RECORD (Report all strings set in well) |                |           |           |                  |            |
|----------------------------------------------------|----------------|-----------|-----------|------------------|------------|
| CASING SIZE                                        | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PUL |
|                                                    |                |           |           |                  |            |
|                                                    |                |           |           |                  |            |
|                                                    |                |           |           |                  |            |
|                                                    |                |           |           |                  |            |
|                                                    |                |           |           |                  |            |

| 29. LINER RECORD |     |        |              | 30. TUBING RECORD |      |           |           |
|------------------|-----|--------|--------------|-------------------|------|-----------|-----------|
| SIZE             | TOP | BOTTOM | SACKS CEMENT | SCREEN            | SIZE | DEPTH SET | PACKER SE |
|                  |     |        |              |                   |      |           |           |
|                  |     |        |              |                   |      |           |           |
|                  |     |        |              |                   |      |           |           |

| 31. Perforation Record (Interval, size and number) |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                              |
|----------------------------------------------------|--|------------------------------------------------|------------------------------|
|                                                    |  | DEPTH INTERVAL                                 | AMOUNT AND KIND MATERIAL USE |
|                                                    |  |                                                |                              |
|                                                    |  |                                                |                              |
|                                                    |  |                                                |                              |

33. PRODUCTION  
Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. 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 (Cor |                 |

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.

