

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	1
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 ☒ GAS WELL ☐ DRY ☐ OTHER _____
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

2. Name of Operator
J. Gregory Morrison & Robert L. Bayless
3. Address of Operator
P.O. Box 1541, Farmington, New Mexico 87401
4. Location of Well

UNIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM East
THE East LINE OF SEC. 31 TWP. 20N RGE. 9W NMPM
11. County
McKinley

15. Date Spudded 5-21-73 16. Date T.D. Reached 5-31-73 17. Date Compl. (Ready to Prod.) 4-5-74 18. Elevations (DF, RKB, RT, GR, etc.) 6476 GP 19. Elev. Casinghead Same
20. Total Depth 3778 21. Plug Back T.D. 3748 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By Rotary Tools All Cable Tools None

24. Producing Interval(s), of this completion - Top, Bottom, Name
3532 - 3699 Dakota 25. Was Directional Survey Made No

26. Type Electric and Other Logs Run DIL, FDC/GK 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 Pulled
8 5/8 20# 105 12 1/4 100 sac None
5 1/2 14# 3775 7 7/8 75 sac 3020

29. LINER RECORD
Size Top Bottom Sacks Cement Screen
30. TUBING RECORD
Size Depth Set Packer Set

31. Perforation Record (Interval, size and number)
3532 - 3699 24 Hyper II Shots
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Depth Interval Amount and Kind Material Used
3532 - 3699 2500 gals mud ben
3532 - 3699 12,000 gals condensate and
8,000 lbs polymer coated sand

33. PRODUCTION
Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) Pumped - did not recover frac oil Well Status (Prod. or Shut-in) P&A
Date of Test _____ Hours Tested _____ Choke Size _____ Prod'n. Per 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 (Corr.) _____

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.

SIGNED MB/c TITLE Co-Owner DATE December 22, 1974

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electric and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

Northwestern New Mexico

Southeastern New Mexico

FORMATION RECORD (Attach additional sheets if necessary)

DSZ #1 3695 - 3709
Red'd 210' gas cut mud
1890' of silt and gas cut mud
120' of clay, gas, water cut mud