

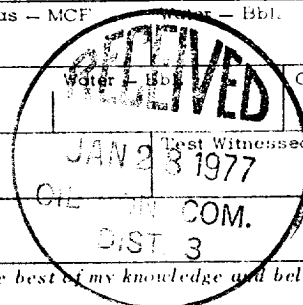
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Form C-105
Revised 11-1-66

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No. <i>Frank</i>	
10. Field and Pool, or Wildcat	
12. County	
19. Elev. Casinghead	
25. Was Directional Survey Made	
27. Was Well Cored	

1a. TYPE OF WELL					
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>					
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 <input type="checkbox"/>					
2. Name of Operator					
3. Address of Operator					
4. Location of Well					
UNIT LETTER <i>C</i> LOCATED <i>1021</i> FEET FROM THE <i>N</i> LINE AND <i>1966</i> FEET FROM					
THE <i>W</i> LINE OF SEC. <i>10</i> TWP. <i>73N</i> RGE. <i>1W</i> NMPM					
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)	
		<i>July 18 - 75</i>			
26. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many	
<i>3259'</i>					
24. Producing Interval(s), of this completion - Top, Bottom, Name				23. Intervals Drilled By	
				<i>Rotary Tools</i>	
26. Type Electric and Other Logs Run				27. Was Well Cored	
<i>Induction Electric</i>				<i>no</i>	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>9 5/8"</i>		<i>96'</i>	<i>12 3/4"</i>	<i>Cement to top</i>	<i>none</i>
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	PACKER SET
31. Perforation Record (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL		
			AMOUNT AND KIND MATERIAL USED		
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
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Oil Gravity - API (Corr.)
34. Disposition of Gas (Sold, used for fuel, vented, etc.)					
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 <i>Raymond Frank</i>		TITLE <i>Triller</i>		DATE <i>Jan 21 - 7</i>	



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 electrical 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

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....feet.

No. 2, from.....to.....feet.

No. 3, from.....to.....feet.

No. 4, from.....to.....feet.

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation