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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.
02 5113

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
Bob Brown

3. Address of Operator
Box 222, Richmond, Oregon

4. Location of Well
UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND _____ FEET FROM _____

THE _____ LINE OF SEC. _____ TWP. _____ RGE. _____ NMPM _____

7. Unit Agreement Name

8. Farm or Lease Name
Meadow Past State

9. Well No.
2

10. Field and Pool, or Wildcat
Meadow

12. County
San

15. Date Spudded
8-22-60

16. Date T.D. Reached
9-22-60

17. Date Compl. (Ready to Prod.)

18. Elevations (DF, RKB, RT, GR, etc.)
2415

19. Elev. Casinghead

20. Total Depth
1240

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

25. 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
8 1/2	40	1240	7 7/8		
8	35	1240	7 7/8		
6	30	1240	7 7/8		

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 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 _____ 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 Lillian Jones TITLE _____ DATE _____