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Form O-105
Revised 11-82

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. Title and Lease No.

1a. TYPE OF WELL
OIL WELL ☐ GAS WELL ☐ DRY ☐ OTHER Water Injection
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☒ DIFF. RESVN. ☒ OTHER
2. Name of Operator
Mobil Producing TX. & N.M. Inc.
3. Address of Operator
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
4. Location of Well

Denton North Wolfcamp
Unit - Tract 7

8. Name of Lease Owner

9. Well No.

7

10. Field and Pool, or Wildcat

Denton Wolfcamp

UNIT LETTER K LOCATED 1650 FEET FROM THE West LINE AND 1980 FEET FROM

THE South LINE OF SEC. 36 TWP. 14S RGE. 37E NMPM

11. County

Lea

15. Date Spudded 07/07/83 16. Date T.D. Reached -- 17. Date Compl. (Ready to Prod.) 08/12/83 18. Elevations (DF, RKB, RT, GR, etc.) 3800' G. L. 19. Elev. Casinghead

20. Total Depth 12640 21. Plug Back T.D. 12082 22. If Multiple Compl., How Many
23. Intervals Drilled By
Rotary Tools
Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name
9197-9375 Wolfcamp
25. Was Directional Survey Made
no
26. Type Electric and Other Logs Run
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
13-3/8		327		350x <u>Circulated</u>	ORIGINAL
9-5/8		4772		2000x <u>Circulated</u>	CASING
7-5/8		6842		200x <u>TOC 6030'</u>	UNDISTURBED
5-1/2		12639		600x <u>8658 TOC</u>	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8	9146	9146

31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
<u>Perf w/2JSPF @ 9197-9375</u>				DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
				<u>12317-12401 (Dev)</u>	<u>Set CIBP @ 12117 w/5x cmt cap</u>
				<u>9197-9375</u>	<u>Acidize w/8000 gals 15% HCl</u>

3. PRODUCTION
Date First Production
WATER INJECTION WELL
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. 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.)

4. Disposition of Gas (Sold, used for fuel, vented, etc.)
Test Witnessed By

5. List of Attachments

6. 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 Paula A. Collins TITLE Authorized Agent DATE 08/26/83

Received

AUG 29 1983

O.C.D.
HOBBS OFFICE