

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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.
0-1733 1

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER **INJECTION**

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

7. Unit Agreement Name
Vacuum Greylburg San Andres Unit

8. Farm or Lease Name

2. Name of Operator
TRIAGE Inc.

9. Well No.
35

3. Address of Operator
P. O. Box 72, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat
Vacuum Greylburg San Andres

4. Location of Well
UNIT LETTER **G** LOCATED **2530** FEET FROM THE **20500** LINE AND **150** FEET FROM

12. County
Lee

THE **East** LINE OF SEC. **1** TWP. **20-S** RGE. **34-E** NMPM

15. Date Spudded **3-15-73** 16. Date T.D. Reached **3-23-73** 17. Date Compl. (Ready to Prod.)
18. Elevations (DF, RKB, RT, GR, etc.) **3900' GR** 19. Elev. Casinghead **3400'**

20. Total Depth **4600'** 21. Plug Back T.D. **4700'** 22. If Multiple Compl., How Many
23. Intervals Drilled By **Rotary Tools** Cable Tools
4600'

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

26. Type Electric and Other Logs Run **GR-N** 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
5 1/2"	2	357	12 1/8"	30 sk.	
4 1/2"	3.5	4600'	7 7/8"	057 sk.	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 1/2"	4251	4251

31. Production Record (Interval, size and number)
2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 20, 27, 40, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 4510, 24, 52, 51, 51, 4700', 27, & 4737'.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4352-4737	2000 gal. 2% HCl

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.)

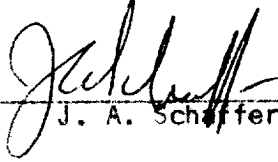
34. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

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 *J. Schaff* TITLE **Asst. Dist. Supt.** DATE **3-2-73**

I, J. A. Schaffer, being of lawful age and being the Assistant District Superintendent for TEXACO Inc., do state that the deviation record which appears on this form is true and correct to the best of my knowledge.



J. A. Schaffer

Subscribed and sworn to before me this 27th day of March, 1973.



B. F. Hohimer - Notary Public,
In and for Lea County, State of
New Mexico.

My Commission expires February 24, 1977

Lease Vacuum Grayburg San Andres Unit Well No. 35

DEVIATION RECORD

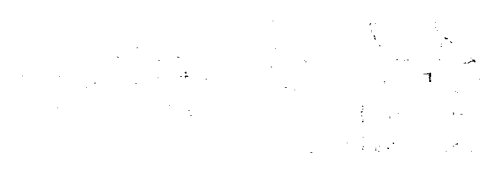
<u>DEPTH</u>	<u>DEGREES OFF</u>
357	3/4
860	1/2
1334	3/4
1805	1
2601	2
3221	1-1/4
4140	1-3/4
4455	1-3/4
4800 T.D.	1-1/2

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