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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.

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
AMOCO PRODUCTION COMPANY

3. Address of Operator
501 Airport Drive, Farmington, New Mexico 87401

7. Unit Agreement Name

8. Farm or Lease Name
Springer Cattle Co.

9. Well No.
2

10. Field and Pool, or Wildcat
Wildcat

4. Location of Well
UNIT LETTER **F** LOCATED **2300** FEET FROM THE **North** LINE AND **1870** FEET FROM
THE **West** LINE OF SEC. **18** TWP. **28-N** RGE. **22-E** NMPM

12. County
Colfax

15. Date Spudded **10-23-74** 16. Date T.D. Reached **10-27-74** 17. Date Compl. (Ready to Prod.) _____

18. Elevations (DF, RKB, RT, GR, etc.) **6322' GL, 6333' RDB** 19. Elev. Casinghead **6322'**

20. Total Depth **2052'** 21. Plug Back T.D. _____

22. If Multiple Compl., How Many _____

23. Intervals Drilled By
Rotary Tools _____ Cable Tools _____
Surf.-TD

24. Producing Interval(s), of this completion - Top, Bottom, Name _____

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Induction-Gamma Ray and Formation Density Log

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" | 28.55 | 114' | 12-1/4" | 125 sx circ. to surface | - |
| | | | | | |
| | | | | | |

29. LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|------|-----|--------|--------------|--------|
| | | | | |
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET | PACKER SET |
|------|-----------|------------|
| | - | |
| | | |

31. Perforation Record (Interval, size and number)
None

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) _____

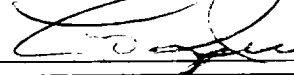
| Date of Test | Hours Tested | Choke Size | Prod'n. For Test Period | Oil - Bbl. | Gas - MCF | Water - Bbl. | Gas-Oil Ratio |
|--------------|--------------|------------|-------------------------|------------|-----------|--------------|---------------|
| | | | | | | | |

| 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  TITLE **Area Superintendent** DATE **November 5, 1974**

