

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form O-105
Revised 11-1-78

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 <u>Junk & Abandoned</u>
1. TYPE OF COMPLETION	
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER <u>Junk & Abandoned</u>	

7. Date Agreement Made
8. Farm or Lease Name <u>Wright</u>
9. Well No. <u>1</u>
10. Field and Pool, or Wildcat <u>Flying "M"</u>

2. Name of Operator <u>Benchmark Oil Co., Ltd.</u>
3. Address of Operator <u>410 West Ohio, Suite 202, Midland, Texas 79701</u>

4. Location of Well	
UNIT LETTER <u>I</u> LOCATED <u>660</u> FEET FROM THE <u>E</u> LINE AND <u>1980</u> FEET FROM	
THE <u>S</u> LINE OF SEC. <u>30</u> TWP. <u>9</u> RGE. <u>33E</u> NMPM	

12. County <u>Lea</u>

15. Date Spudded <u>7-6-78</u>	16. Date T.D. Reached <u>7-10-78</u>	17. Date Compl. (Ready to Prod.) <u>NA</u>	18. Elevations (DF, RKB, RT, GR, etc.) <u>4375 GL</u>	19. Elev. Casinghead <u>4373</u>
20. Total Depth <u>1532</u>	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 <u>None</u>	25. Was Directional Survey Made <u>No</u>
--	--

26. Type Electric and Other Logs Run <u>None</u>	27. Was Well Cored <u>No</u>
---	---------------------------------

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8-5/8</u>	<u>20</u>	<u>399</u>	<u>12-1/4</u>	<u>275 SX</u>	<u>None</u>

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
<u>NA</u>					<u>NA</u>		

31. Perforation Record (Interval, size and number) <u>NA</u>	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	<u>NA</u>	

33. PRODUCTION							
Date First Production <u>None</u>		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 <u>J. T. Berry</u>	TITLE <u>Operations Mgr.</u> DATE <u>9-7-78</u>

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

IMPORTANT WATER SANDS

No. 1, from None 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
480 280	1280 1532	800 252	Soft shale & red bed Shale-				