

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

Form O-100
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.
B-1306-1

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 Grayburg San Andres Unit

8. Form or Lease Name
Vacuum Grayburg San Andres Unit

2. Name of Operator
TEXACO Inc.

9. Well No.
5

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

10. Field or Pool Name
Vacuum Grayburg San Andres

4. Location of Well
UNIT LETTER **N** LOCATED **210** FEET FROM THE **South** LINE AND **1420** FEET FROM

12. County
Lea

THE **West** LINE OF SEC. **1** TWP. **18-S** RGE. **34-E** NMPM

15. Date Spudded **2-3-73** 16. Date T.D. Reached **2-17-73** 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, GR, etc.) **3994' GR** 19. Elev. Casinghead **3994'**

20. Total Depth **4800'** 21. Plug Back T.D. **4788'** 22. If Multiple Compl., How Many 23. Intervals Drilled By **4800** Rotary Tools Cable Tools

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

26. Type Electric and Other Logs Run **Compensated Neutron 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"	20	357	12 1/4"	300 BX.	
4 1/2"	9.5	4800	7 7/8"	650 BX.	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8"	4339'	4339'

31. Perforation Record (Interval, size and number) **2 JSPI @ 4387, 94, 4403, 18, 30, 38, 46, 66, 75, 82, 4504, 12, 24, 30, 34, 52, 62, 85, 91, 95, 4614, 19, 41, 51, 69, 76, 82, 90, 4700, 13, 24, 32, & 4742'.**

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4387-4742'	6000 gals. 20% NEA

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 **2-22-73**

