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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 Lease
5. State Oil & Gas Lease No.

TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____
TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name

Name of Operator
Clayton W. Williams, Jr.

8. Farm or Lease Name

Address of Operator
One Spring Drive, Fort Stockton, Texas 79735

9. Well No.
1

Location of Well
Section 19 Twp. 19 S Rge. 36 E NMPM

10. Field and Pool, or Wildcat
Wildcat

LETTER J LOCATED 2,310 FEET FROM THE South LINE AND 1,980 FEET FROM _____

12. County
Lea

Date Spudded -24-73 16. Date T.D. Reached 12-9-73 17. Date Compl. (Ready to Prod.) - 18. Elevations (DF, RKB, RT, GR, etc.) 3,691' Ground Level 19. Elev. Casinghead 3,691'

Total Depth 3,104' 21. Plug Back T.D. - 22. If Multiple Compl., How Many - 23. Intervals Drilled By Rotary Tools 4 Cable Tools X

25. Was Directional Survey Made
No

Producing Interval(s), of this completion - Top, Bottom, Name
one

27. Was Well Cored
No

Type Electric and Other Logs Run
Gamma Ray - Sonic - Dual Induction and Dip Meter

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---------------|----------------|---------------|----------------|------------------|---------------|
| <u>3-3/8"</u> | <u>42</u> | <u>400'</u> | <u>17 1/2"</u> | <u>400 sx</u> | <u>None</u> |
| <u>5/8"</u> | <u>40</u> | <u>5,345'</u> | <u>12 1/2"</u> | <u>2,400 sx</u> | <u>None</u> |

LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | 30. TUBING RECORD |
|-------------|---------------|---------------|--------------|--------|-------------------|
| <u>5/8"</u> | <u>5,046</u> | <u>11,230</u> | <u>1,300</u> | | <u>None</u> |
| <u>1/2"</u> | <u>10,891</u> | <u>13,063</u> | <u>270</u> | | |

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

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|-------------------------------|
| <u>None</u> | |

PRODUCTION

First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) _____

| | | | | | | | |
|---------------|-----------------|-------------------------|-------------------------|------------|--------------|---------------------------|---------------|
| of Test | Hours Tested | Choke Size | Prod'n. For Test Period | Oil - Bbl. | Gas - MCF | Water - Bbl. | Gas-Oil Ratio |
| Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API (Corr.) | |

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

List of Attachments _____

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.

PREPARED [Signature] TITLE Agent 1 00 74

RECEIVED

SEP 17 1974

OIL CONSERVATION COMM.
HOBBE, 111 111