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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.  
**B-934**

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  
**Wood, McShane & Thams - 692, Limited**  
3. Address of Operator  
**P. O. Box 968, Monahans, TX 79756**  
4. Location of Well

7. Unit Agreement Name  
-----  
8. Farm or Lease Name  
**New Mexico "M" State**  
9. Well No.  
**67**  
10. Field and Pool, or Wildcat  
**Langlie Mattix**

UNIT LETTER **I** LOCATED **1460** FEET FROM THE **South** LINE AND **1262** FEET FROM  
THE **East** LINE OF SEC. **30** TWP. **22-S** RGE. **37-E** NMPM

12. County  
**Lea**

15. Date Spudded **10-25-72** 16. Date T.D. Reached **10-30-72** 17. Date Compl. (Ready to Prod.) **11-3-72**  
18. Elevations (DF, RKB, RT, GR, etc.) **3397' (GL)** 19. Elev. Casinghead **3395' (GL)**  
20. Total Depth **3814' (GL)** 21. Plug Back T.D. -----  
22. If Multiple Compl., How Many -----  
23. Intervals Drilled By  
Rotary Tools **All** Cable Tools **None**

24. Producing Interval(s), of this completion - Top, Bottom, Name  
**3593' - 3787' (Queen)**

25. Was Directional Survey Made  
**Yes**

26. Type Electric and Other Logs Run  
**Gamma Ray-Neutron Acoustilog**

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#	318' (GL)	12-1/4"	200 Sx. Circ. 70 Sx.	None
5-1/2"	14 & 15.5#	3814' (GL)	7-7/8"	285 Sx.	None

9. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
None				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-7/8"	3672' (GL)	None

Perforation Record (Interval, size and number)  
**3593' - 3787' (18-3/8" holes)**

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3593' - 3787'	1000 gals. acetic & 500 gals. 15% N.E. acid. Fraced w/39000 gals. gelled brine w/26000# 20-40 sd. & 22,500# 10-20 sd.

PRODUCTION

1st First Production **11-3-72** Production Method (*Flowing, gas lift, pumping - Size and type pump*) **Pumping 2-1/2" X 2" X 12"** Well Status (*Prod. or Shut-in*) **Producing**

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
11-18-72	24	pumping	→	209	TSTM	189	Nil

W Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
30	30	→	209	TSTM	189	38.0

Disposition of Gas (*Sold, used for fuel, vented, etc.*) **Sole** Test Witnessed By **Audie Brown**

List of Attachments  
**Gamma Ray-Neutron Acoustilog**

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 *R. D. M. [Signature]*

TITLE Petroleum Engineer DATE 11-21-72

### INSTRUCTIONS

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 reopened 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 quadruplicate except on state land, where six copies are required. See Rule 1105.

#### INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

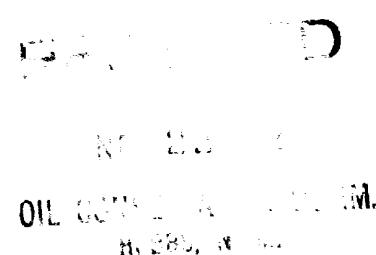
##### Southeastern New Mexico

##### Northwestern New Mexico

<b>Rustler</b> _____	1200'	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. <del>xxx</del> _____	1467'	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Salt _____	2320'	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
B. Salt _____	2744'	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. Yates _____	2992'	T. Devonian _____	T. Menefee _____	T. Madison _____
T. 7 Rivers _____	3456'	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Queen _____		T. Montoya _____	T. Mancos _____	T. McCracken _____
T. Grayburg _____		T. Simpson _____	T. Gallup _____	T. Ignacio Qtz e _____
T. San Andres _____		T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Glorieta _____		T. Ellenburger _____	T. Dakota _____	T. _____
T. Paddock _____		T. Gr. Wash _____	T. Morrison _____	T. _____
T. Blinebry _____		T. Granite _____	T. Todilto _____	T. _____
T. Tubb _____		T. Delaware Sand _____	T. Entrada _____	T. _____
T. Drinkard _____		T. Bone Springs _____	T. Wingate _____	T. _____
T. Abo _____		T. _____	T. Chinle _____	T. _____
T. Wolfcamp _____		T. _____	T. Permian _____	T. _____
T. Penn. _____		T. _____	T. Penn. "A" _____	T. _____
T. Cisco (Bough C) _____		T. _____		

#### FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	332'	332'	Redbed				
332'	1180'	848'	Redbed & Anhyd.				
1180'	1904'	724'	Redbed, Anhyd. & Salt				
1904'	2840'	936'	Salt & Anhyd.				
2840'	3594'	754'	Anhyd. & Lime				
3594'	3814'	220'	Anhyd., Lime, & Dolo.				



OIL AND GAS COMMISSION  
NEW MEXICO

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**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

**I.**  
Operator  
Wood, McShane & Thams-692, Limited  
Address  
P. O. Box 968, Monahans, TX 79756  
Reason(s) for filing (Check proper box)  
New Well  Change In Transporter of:  
Recompletion  Oil  Dry Gas   
Change In Ownership  Casinghead Gas  Condensate   
Other (Please explain)

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.			
New Mexico "M" State	67	Langlie Mattix	State, Federal or Fee State	B-934			
Location							
Unit Letter	I	1406 Feet From The South Line and	1262 Feet From The East				
Line of Section	30	Township	22-S	Range	37-E	NMPM, Lea	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico PipeLine Company	Box 1510, Midland, Tx 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	29	22-S	37-E	Yes	11-3-72

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-25-72	11-3-72	3814' (GL)	-----					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3397' (GL)	Queen	3593'	3672' (GL)					
Perforations	Depth Casing Shoe							
3593'-3787' (18-3/8" holes)								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	318' (GL)	200 Sx. Circ. 70 Sx					
7-7/8"	5-1/2"	3814' (GL)	285 Sx					

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-3-72	11-18-72	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	30	30	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	209	189	TSTM

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. D. [Signature]  
(Signature)  
Petroleum Engineer  
(Title)  
11-21-72  
(Date)

**OIL CONSERVATION COMMISSION**  
APPROVED NOV 22 1972, 19\_\_\_\_  
BY [Signature]  
SUPERVISOR DISTRICT I  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow-able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter or other such change of conditions.

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