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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

OIL CONSERVATION COMM
Santa Fe

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

L-5622

1a. TYPE OF WELL
OIL WELL ☐ GAS WELL ☐ **CO₂ DRY** ☒ OTHER _____
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

7. Unit Agreement Name

8. Farm or Lease Name
STATE FA

2. Name of Operator
Amoco Production Company

9. Well No.
1

3. Address of Operator
BOX 68, HORDS, N.M. 88240 BOX 367, ANDREWS, TEXAS 79714

10. Field and Pool, or well unit
WILDCAT

4. Location of Well
UNIT LETTER **E** LOCATED **1980** FEET FROM THE **NORTH** LINE AND **660** FEET FROM THE **WEST** LINE OF SEC. **29** TWP. **24-N** RGE. **27-E** NMPM

12. County
COLFAX

15. Date Spudded **7-13-73** 16. Date T.D. Reached **7-20-73** 17. Date Compl. (Ready to Prod.) **-** 18. Elevations (DF, RKB, RT, GR, etc.) **6172' R.D.B.** 19. Elev. Casinghead **-**

20. Total Depth **2325** 21. Plug Back T.D. **SURFACE** 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By **Rotary Tools** **O-TD** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
None

25. Was Directional Survey Made

26. Type Electric and Other Logs Run
Sonic GR, Comp. Neutron Form. Density, Dual Ind-LH

27. Was Well Cored
Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 7/8	24	320	11"	160 Sx Cure	0
4 1/2	9.5	2325	7 7/8"	560 Sx (Ext to 290)	0

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
1766-1830, 1861-1956, 1979-2038 w/250F
P&A 9-3-74

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1766-2038	3000 gal 7 1/2 % MFC Acid

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.

3. NMOC-SF
1-DIV
1-W/F
SIGNED **R. P. Wakum**

ADMINISTRATIVE ASSISTANT
TITLE _____

DATE **SEP 18 1974**

DATE _____