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LAND OFFICE		
OPERATOR		

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.

1a. TYPE OF WELL
OIL WELL GAS WELL 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 FS

2. Name of Operator
Amoco Production Company
3. Address of Operator
BOX 367, ANDREWS, TEXAS 79714

9. Well No.
1

4. Location of Well
UNIT LETTER D LOCATED 660 FEET FROM THE NORTH LINE AND 660 FEET FROM

10. Field and Pool, or Wildcat
WILDCAT

THE WEST LINE OF SEC. 1 TWP. 22N RGE. 34-E NMPM

12. County
UNION

15. Date Spudded 8-28-74 16. Date T.D. Reached 9-4-74 17. Date Compl. (Ready to Prod.) -

18. Elevations (DF, RKB, RT, GR, etc.) 4823 RDB 19. Elev. Casinghead

20. Total Depth 3001 21. Plug Back T.D. Surface 22. If Multiple Compl., How Many _____

23. Intervals Drilled By
Rotary Tools 0-TD Cable Tools _____

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

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Comp. Neut. Form Density, Neut. LR

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"	313'	12 1/4"	Circ	0

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
RxA 9-7-74

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

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.
043 NMOC-SF
1-DIV
1-SUPV
1-SIGNED
1-PP
Ray R. Yeakum
ADMINISTRATIVE ASSISTANT
DATE SEP 18 1974