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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.
L-6009

1a. TYPE OF WELL
OIL WELL GAS WELL 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 EV

9. Well No.
1

2. Name of Operator
Amoco Production Company

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

10. Field and Pool, or Wildcat
WILDCAT

4. Location of Well
UNIT LETTER **D** LOCATED **660** FEET FROM THE **NORTH** LINE AND **760** FEET FROM THE **WEST** LINE OF SEC. **26** TWP. **28-N** RGE. **29-E** NMPM

12. County
UNION

15. Date Spudded **9-28-73** 16. Date T.D. Reached **10-7-73** 17. Date Compl. (Ready to Prod.) **-** 18. Elevations (DF, RKB, RT, GR, etc.) **6589 RDB** 19. Elev. Casinghead **-**

20. Total Depth **2530'** 21. Plug Back T.D. **650'** 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

***TURNED OVER HOLE TO LANDOWNER - AFFIDAVIT ATTACHED TO C-103 (SUBSEQUENT PMA)**

25. Was Directional Survey Made **No**

26. Type Electric and Other Logs Run
CLN-FDC, SONIC, DUAL IND

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 7/8"	24#	295	11"	CUC	0

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

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

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.

Ray R. Yakum ADMINISTRATIVE ASSISTANT
DATE **OCT 16 1973**