

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-105
Revised 1-1-89

WELL AP NO.
30-021-20263

5. Lessee Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER CO₂ Well

b. Type of Completion:
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DEEP RELVR ☐ OTHER ☐

2. Name of Operator
Amoco Prod. Comp.

3. Address of Operator
P.O. Box 606 Clayton, New Mexico 88415

4. Well Location
Unit Letter F : 1995 Feet From The West Line and 2024 Feet From The North Line
Section 13 Township T21N Range R33E NMPM Harding County

10. Date Spudded 7/1/93 11. Date T.D. Reached 7/5/93 12. Date Compl. (Ready to Prod.) 8/19/93 13. Elevations (DF & RKB, RT, GR, etc.) 4775 14. Elev. Clearhead 4775

15. Total Depth 2421 16. Plug Back T.D. 2421 17. If Multiple Compl. How Many Zones? 1 18. Intervals Drilled By Rotary Tools 0-7D Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name
2340 - 2359 TUBB

20. Was Directional Survey Made
YES

21. Type Electric and Other Logs Run
Logs Previously Sent

22. Was Well Cored
NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8</u>	<u>24#</u>	<u>686</u>	<u>12 1/4</u>	<u>450</u>	<u>Circ</u>
<u>4 1/2</u>	<u>Fiberglass</u>	<u>2421</u>	<u>7 7/8</u>	<u>550</u>	<u>Circ</u>

LINER RECORD				TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET

26. Perforation record (interval, size, and number)
2340 - 2359 2SPF 3/4"

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

28. PRODUCTION

Date First Production 8/19/93 Production Method (Flowing, gas lift, pumping - Size and type pump) FLOWING Well Status (Prod. or Shut-in) PROD

Date of Test <u>8/19/93</u>	Hours Tested <u>2</u>	Choke Size <u>2"</u>	Prod's For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure <u>310 PSI</u>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF <u>404</u>	Water - Bbl.	Oil Gravity - API - (Corr.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
SOLD

30. List Attachments
NONE

Test Witnessed By
B.E. PRICHARD

31. 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

Signature Billy E. Prichard Printed Name Billy E. Prichard Title Field Foreman Date 7/27/93