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LAND OFFICE	
OPERATOR	

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

Form C-105
Revised 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-6263

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

7. Unit Agreement Name

8. Farm or Lease Name
STATE EL

2. Name of Operator
Amoco Production Company

9. Well No.
1

3. Address of Operator
BOX 63, HOBBS, N. M. 88240

10. Field and Pool, or Wildcat
WILDCAT

4. Location of Well

UNIT LETTER **L** LOCATED **1650** FEET FROM THE **SOUTH** LINE AND **150** FEET FROM

THE **WEST** LINE OF SEC. **16** TWP. **19-S** RGE. **34-E** NMPM

12. County
UNION

15. Date Spudded **10-17-71** 16. Date T.D. Reached **10-27-71** 17. Date Compl. (Ready to Prod.) **1-19-72** 18. Elevations (DF, RKB, RT, GR, etc.) **4872 RDB** 19. Elev. Casinghead **-**

20. Total Depth **2528'** 21. Plug Back T.D. **2496'** 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
2260 - 2484 TUBB- GRANITE WASH

25. Was Directional Survey Made
-

26. Type Electric and Other Logs Run
DENSITY, POROSITY, SONIC-GR 27. Was Well Cored
YES

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 5/8"	26.4 #	306'	9 7/8"	100 SX	
4 1/2"	9.5 #	2524'	6 1/4"	300 SX	

LINER RECORD					TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	in P.D.	2220

31. Perforation Record (Interval, size and number)
2260-64, 68-73, 80-84, 91-95, 2300
2319, 25, 28-32, 36-38, 55, 72-77, 86, 94, 2404
2466-70, 77, 84
ALL W/ 2 JS PF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED
2260-2300 500 gal MCA
2319-2404 - - -
2466-2484 - - - 15%

33. PRODUCTION
Date First Production **12-28-71** Production Method (Flowing, gas lift, pumping - Size and type pump) **FLOWING** Well Status (Prod. or Shut-in) **SHUT-IN**
Date of Test **1-17-72** Hours Tested **9 1/2** Choke Size **VARIOUS** Prod'n. For Test Period **0** Oil - Bbl. **342** Gas - MCF **0** Water - Bbl. **0** Gas-Oil Ratio **0**
Flow Tubing Press. **190** Casing Pressure **P.R.** Calculated 24-Hour Rate **-** Oil - Bbl. **-** Gas - MCF **-** Water - Bbl. **-** Oil Gravity - API (Corr.) **-**

34. Disposition of Gas (sold, used for fuel, vented, etc.) **TO BE SOLD** Test Witnessed By

35. List of Attachments
NONE

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.

SIGNED **[Signature]** TITLE **MANAGER** DATE **1-17-72**