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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						7. Unit Agreement Name	
OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER _____ b. TYPE OF COMPLETION NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____						8. Farm or Lease Name STATE EV	
2. Name of Operator Amoco Production Company						9. Well No. 1	
3. Address of Operator BOX 68, HOBBS, N. M. 88240						10. Field and Pool, or Wildcat WILDCAT	
4. Location of Well						12. County UNION	
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							
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 —		24. Producing Interval(s), of this completion — Top, Bottom, Name NONE		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 8 5/8"		WEIGHT LB./FT. 24#		DEPTH SET 295		HOLE SIZE 11"	
CEMENTING RECORD CNC		AMOUNT PULLED 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)				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 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.							
SIGNED Ray R. Yakum				TITLE ADMINISTRATIVE ASSISTANT			
DATE OCT 16 1973							