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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

1. Indicate Type of Lease	State ☒ Fee ☐
2. State Oil & Gas Lease No.	

10. TYPE OF WELL	OIL WELL ☐ GAS WELL ☒ <u>CO₂</u> DRY ☐ OTHER _____
b. TYPE OF COMPLETION	NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

7. Unit Agreement Name	
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8. Form or Lease Name	<u>STATE FT</u>
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2. Name of Operator	<u>PRODUCTION COMPANY</u>
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3. Well No.	<u>1</u>
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3. Address of Operator	<u>BOX 367, ANDREWS, TEXAS 79714</u>
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10. Field and Pool, or Wildcat	<u>WILDCAT</u>
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4. Location of Well	
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UNIT LETTER <u>G</u>	LOCATED <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM
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11. EAST LINE OF SEC. <u>36</u>	TWP. <u>24-N</u>	RGE. <u>33-E</u>	NMPM
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12. County	<u>UNION</u>
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15. Date Drilled	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
<u>9-8-74</u>	<u>9-16-74</u>	<u>9-30-74</u>	<u>5107 RDB</u>	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
<u>2740</u>	<u>-</u>	<u>-</u>	<u>→</u>	<u>O-TD</u>	<u>-</u>

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
<u>2482-2618 TUBB</u>	<u>No</u>

26. Type Electric and Other Logs Run	27. Was Well Cored
<u>Comp. Form. Density Log</u>	<u>No</u>

CASING RECORD (Report all strings set in well)					
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CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8"</u>	<u>24#</u>	<u>312'</u>	<u>12 1/4"</u>	<u>75 SX</u>	<u>CWC</u>
<u>4 1/2"</u>	<u>9.5, 10, 10.5#</u>	<u>2740'</u>	<u>7 7/8"</u>	<u>750 SX</u>	

LINER RECORD				TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					<u>2 3/8</u>	<u>2452</u>	<u>2452</u>

28. Perforation Interval (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
<u>2482-2618, 85, 87, 94, 97, 99, 2500, 01, 05, 36, 38, 40, 55, 57, 72, 74, 78, 84, 86, 88, 90, 92, 99, 2612, 14, 16, 18, 19, 19SPF</u>	<table border="1"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td><u>2482-2618</u></td> <td><u>1750 gal 7 1/2% MCA</u></td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	<u>2482-2618</u>	<u>1750 gal 7 1/2% MCA</u>
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED				
<u>2482-2618</u>	<u>1750 gal 7 1/2% MCA</u>				

29. Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)
<u>9-25-74</u>	<u>FLW</u>	<u>SHUT-IN</u>

Date of Test	Hours Tested	Casing Size	Prod'n. For Test Period	Oil - Ebl.	Gas - MCF	Water - Ebl.	Gas - Oil Ratio
<u>9-30-74</u>	<u>24</u>	<u>48/64"</u>	<u>→</u>	<u>-</u>	<u>1271</u>	<u>-</u>	<u>-</u>
Flow Testing Press.	Casing Pressure	Tested at 24-Hour Rate	Oil - Ebl.	Gas - MCF	Water - Ebl.	Oil Gravity - API (Corr.)	
<u>135</u>	<u>PRP</u>	<u>→</u>					

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Tested by
<u>TO BE USED IN TERTIARY RECOVERY</u>	<u>Larry Jones</u>

35. List of Attachments
<u>NONE</u>

I, <u>Roy Yorkum</u> , certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

NAME OF OPERATOR	DATE
<u>Roy Yorkum</u>	<u>9-30-74</u>

1 - MOC-SF	1 - DRY	1 - WIF	1 - SUSP
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