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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-105
Revised 1-1-65

SEP 16 1975

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-2071

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER **O. C. C.**
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER **ARTESIA, OFFICE**
2. Name of Operator
Marbob Energy Corporation
3. Address of Operator
P. O. Box 304, Artesia, N. M. 88210
4. Location of Well
UNIT LETTER **0** LOCATED **330** FEET FROM THE **South** LINE AND **1650** FEET FROM
THE **East** LINE OR SEC. **27** TWP. **17 S** RGE. **28 E** NMPM

7. Unit Agreement Name
8. Farm or Lease Name
Walker - State
9. Well No.
2
10. Field and Pool, or Wildcat
Artesia Queen GB SA

15. Date Spudded
Re-Entry
7-28-75
16. Date T.D. Reached
8-7-75
17. Date Compl. (Ready to Prod.)
9-4-75
18. Elevations (DF, RKB, RT, GR, etc.)
3665.85 GL
19. Elev. Casinghead
2070
20. Total Depth
2070
21. Plug Back T.D.
2070
22. If Multiple Compl., How Many
23. Intervals Drilled By
Rotary Tools
Cable Tools
X
24. Producing Interval(s), of this completion - Top, Bottom, Name
2040 - 2050
Premier
25. Was Directional Survey Made
26. Type Electric and Other Logs Run
27. Was Well Cored

28. CASING RECORD (Report all strings set in well)
Casing Size: **5 1/2"**
Weight LB./FT.: **14**
Depth Set: **2070**
Hole Size: **Casing already cemented in with 584 sacks**
Cementing Record: **Amount Pulled**
29. LINER RECORD
Size: **TOP**
BOTTOM
SACKS CEMENT
SCREEN
30. TUBING RECORD
Size: **2"**
Depth Set: **2032**
Packer Set: **2040-2050**
31. Perforation Record (Interval, size and number)
2040-2050
32 shots
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Depth Interval: **2040-2050**
Amount and Kind Material Used: **25,000 lbs sand and 30,000 gal. gelled water**
33. PRODUCTION
Date First Production: **9-4-75**
Production Method (Flowing, gas lift, pumping - Size and type pump): **pumping**
Well Status (Prod. or Shut-in): **9-9-75**
Hours Tested: **24**
Choke Size: **Prod'n. For Test Period**
50
Oil - Bbl.: **0**
Gas - MCF: **6**
Water - Bbl.: **50**
Gas - Oil Ratio: **0**
Flow Tubing Press.: **Calculated 24-Hour Rate**
50
Casing Pressure: **0**
Water - Bbl.: **6**
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 Deputy Hammond

TITLE Agent

DATE 9-15-75