

Santa Fe, New Mexico

WELL RECORD

AREA 640 ACRES
LOCATE WELL CORRECTLY

LEONARD STATE

(Company or Operator)

(L-20)

Well No. 5, in NW $\frac{1}{4}$ of NW $\frac{1}{4}$, of Sec. 36, T. 16 S, R. 29E, NMPM.

SQUARE LAKE

EDDY

...County.

Well is 660 feet from North line and 660 feet from West line

Well is.....
of Section 36..... If State Land the Oil and Gas Lease No. is B-2175.....

Drilling Commenced 8-12-, 1958 Drilling was Completed 9-11-, 1958

Drilling Commenced.....
Name of Drilling Contractor..... **Southwestern Well Service**

Name of Drilling Contractor.....
 Address..... Lovington, New Mexico

Address.....
Elevation above sea level at Top of Tubing Head..... **3682** The information given is to be kept confidential until
now 19.....

No. 1, from 2461 to 2466 No. 4, from _____ to _____

No. 2, from 2630 to 2646 No. 5, from _____ to _____

No. 3, from.....to..... No. 6, from.....to.....

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.

No. 2, from to feet.

No. 3, from to feet.

No. 4, from to feet.

CASING RECORD

CASING RECORD							
SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8	24	used	495	Baker		2461-66	surface
4 1/2	11.5	new	2670	Baker		2630-46	production

MUDDING AND CEMENTING RECORD

MUDDING AND CEMENTING RECORD						
SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
	8 5/8	495	50	circulate	36	
	4 1/2	2670	100	pumped	48	

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Acidized perforations 2461-66 and 2630-46 with 500 gallons, sand oil fraced with 20,000 gallons oil and 20,000 # sand

Result of Production Stimulation Flewed 52 BO/24 hrs on 18/64" choke

Depth Cleaned Out.

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from 0 feet to 2670 feet, and from _____ feet to _____ feet.
Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

OIL WELL: The production during the first 24 hours was.....52.....barrels of liquid of which.....100.....% was oil;% was emulsion;% water; and.....% was sediment. A.P.I. Gravity.....35.....

GAS WELL: The production during the first 24 hours was.....M.C.F. plus.....barrels of liquid Hydrocarbon. Shut in Pressure.....lbs.

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy.....	240	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	508	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	950	T. Montoya.....	T. Farmington.....
T. Yates.....	1105	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....		T. McKee.....	T. Menefee.....
T. Queen.....	1905	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....	2295	T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	2658	T. Granite.....	T. Dakota.....
T. Glorieta.....		T.	T. Morrison.....
T. Drinkard.....		T.	T. Penn.....
T. Tubbs.....		T.	T.
T. Abo.....		T.	T.
T. Penn.....		T.	T.
T. Miss.....		T.	T.

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	240	240	Red Beds & Sand				
240	508	268	Anhy & Red beds				
508	950	442	Salt & Anhy				
950	1105	155	Lime & Anhy				
1105	1190	85	Sand & Lime				
1190	1905	715	Lime & Anhy				
1905	1943	38	Sand				
1943	2622	679	Lime & Sand				
2622	2658	36	Sand				
2658	2670	12	Lime				

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Company or Operator Neil E. Saltsch Address 304 Central Blvd. Medical Center
Name Neil E. Saltsch Position Operator

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas
(Place)

October 7, 1958
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

NEIL E. SALSICH
(Company or Operator)

LEONARD STATE
(Lease)

Well No. 5, in NW 1/4, NW 1/4,

D, Sec. 36, T. 16S, R. 29E, NMPM., Square Lake Pool
Unit Letter

Eddy

County. Date Spudded 8-12-58

Date Drilling Completed 9-14-58

Please indicate location:

D	C	B	A
X			
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3682 DF Total Depth 2670 PBD

Top Oil/Gas Pay 2461 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2461-66 and 2630-46

Open Hole Depth 2668 Depth Tubing 2400

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 52 bbls. oil, 0 bbls. water in 24 hrs, min. Size 18/64

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	495	50
4 1/2	2670	100

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gallons mud acid, 20,000 gallons oil, 20,000# sand

Casing Tubing Date first new Press. phr Press. 125 oil run to tanks 10-5-58

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19

Neil E. Salsich
(Company or Operator)

By: Neil E. Salsich
(Signature)

Title: Owner

Send Communications regarding well to:

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title:

Name: NEIL E. SALSICH

Address: 304 Central Building, Midland, Texas

NEW ME. JO OIL CONSERVATION COM SSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator NEIL E. SALSICH Lease LEONARD STATE

Well No. 5 Unit Letter D S 36 T 16S R 29E Pool Square Lake

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit N S 36 T 16S R 29E

Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co.

Address Box 1510 Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas being vented - not commercial

Reasons for Filing: (Please check proper box) New Well ☒ _____

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()
(Give explanation below)

Remarks:

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By Neil E. Salsich
Title Owner

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By M L Armstrong
Title _____

Company NEIL E. SALSICH
Address 304 Central Building
Midland, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS
(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY NEIL E. SALSICH 304 Central Building Midland, Texas
(Address)

LEASE Leonard State WELL NO. 5 UNIT D S 29 T 16S R 29E
DATE WORK PERFORMED 9-24-58 POOL Square Lake

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☒ Other Perforating & Treating

Detailed account of work done, nature and quantity of materials used and results obtained.

Perforated $4\frac{1}{2}$ " casing from 2461-66 and 2630-46 with four shots per foot.
Treated perforations with 500 gallons mud acid. Sand-oil fraced perforations
with 20,000 gallons and 20,000 pounds sand.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE AFTER

Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____

Witnessed by _____ NEIL E. SALSICH (Company)

OIL CONSERVATION COMMISSION

Name M L Armstrong
Title _____
Date _____

I hereby certify that the information given
above is true and complete to the best of
my knowledge.

Name Neil E. Salsich
Position OWNER
Company NEIL E. SALSICH