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Form C-105
Revised 11-88

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

MAR 11 1981

6a. Indicate Type of Lease	
State ☒	Fee ☐
6b. State Oil & Gas Lease No.	
B-1969	

1a. TYPE OF WELL	
OIL WELL ☐	GAS WELL ☐ DRY ☐ OTHER <u>O.C.D.</u>
b. TYPE OF COMPLETION	
NEW WELL ☒	WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐

7. Unit Agreement Name
8. Farm or Lease Name
OTHER <u>Plugged & Abandoned State B-1969, Tr. 4</u>

2. Name of Operator	
<u>Collier Energy, Inc.</u>	
3. Address of Operator	
<u>P.O. Box 798, Artesia, New Mexico 88210</u>	
4. Location of Well	

9. Well No.
<u>#27-Y</u>
10. Field and Pool, or Wildcat
<u>East Empire Yates 7-R</u>

UNIT LETTER <u>D</u>	LOCATED <u>362</u>	FEET FROM THE <u>North</u>	LINE AND <u>330</u>	FEET FROM
THE <u>West</u> LINE OF SEC. <u>22</u> TWP. <u>17S</u> RGE. <u>28E</u> NMPM				

12. County
<u>Eddy</u>

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
<u>11/8/80</u>	<u>11/10/80</u>	<u>2/12/81</u>	<u>3542 GL</u>	<u>N/A</u>

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
<u>320'</u>	<u>N/A</u>	<u>None</u>	<u>→</u>	<u>X</u>	

24. Producing Interval(s), of this completion - Top, Bottom, Name	
<u>None</u>	

25. Was Directional Survey Made
<u>None</u>

26. Type Electric and Other Logs Run
<u>None</u>

27. Was Well Cored
<u>None</u>

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8" P.V.C.</u>		<u>140</u>		<u>60 SXS 4% CaCl₂</u>	<u>CMT Circ. to Pi</u>

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
<u>None</u>

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>320-Surface</u>	<u>Filled to Surface With</u>
	<u>Redi-Mix</u>

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
<u>None</u>		<u>None</u>				<u>N/A</u>	

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<u>0</u>	<u>0</u>	<u>0</u>	<u>→</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>N/A</u>
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
<u>0</u>	<u>0</u>	<u>→</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
<u>None</u>	<u>N/A</u>

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

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 <u>Donald Crang</u>	TITLE <u>President</u>	DATE <u>3/10/81</u>
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