

RECORD OF DRILL-STEM AND SPECIAL TESTS

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

TOOLS USED

Rotary tools were used from.....feet to.....feet, and from.....feet to.....feet.
Cable tools were used from.....feet to.....feet, and from.....feet to.....feet.

PRODUCTION

Put to Producing....., 19.....

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

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

Length of Time Shut in.....

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

Southeastern New Mexico

Northwestern New Mexico

T. Anhy.....	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	T. Montoya.....	T. Farmington.....
T. Yates.....	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	T. McKee.....	T. Menefee.....
T. Queen.....	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	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.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
1815	1825	10	Anhy. and Sand				
1825	1855	30	Broken Lime				
1855	1925	70	Lime				
1925	1945	20	Lime - Hard				
1945	1994	49	Lime				
1994	1998	4	Sand, Oil, Gas				
1998	2012	14	Lime - Hard				
2012	2025	13	Lime				
2025	2035	10	Lime - Hard				
2035	2047	12	Lime				
2047	2058	11	Sand, Oil				
2058	2094	36	Lime				
2094	2100	6	Sand - Broken				
2100	2121	21	Lime				
2121	2128	7	Sand - Hard				

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

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.

(Date)

Company or Operator.....

Address.....

Name.....

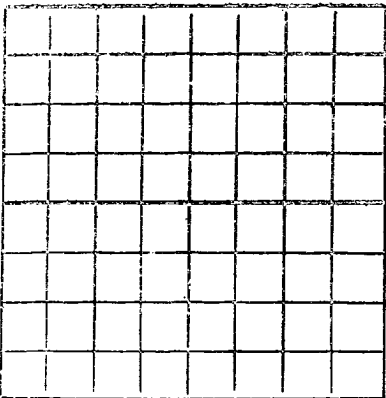
Position or Title.....

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies



AREA 640 ACRES
LOCATE WELL CORRECTLY

(Company or Operator) _____ (Lessee) _____

Well No. _____, in _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of Sec _____, T _____, R _____, NMPM.

_____ Pool, _____ County.

Well is _____ feet from _____ line and _____ feet from _____ line of Section _____. If State Land the Oil and Gas Lease No. is _____

Drilling Commenced _____, 19_____. Drilling was Completed _____, 19_____.

Name of Drilling Contractor _____

Address _____

Elevation above sea level at Top of Tubing Head _____ The information given is to be kept confidential until _____, 19_____.

OIL SANDS OR ZONES

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

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

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

IMPORTANT WATER SANDS

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

No. 1, from _____ to _____

No. 2, from _____ to _____

No. 3, from _____ to _____

No. 4, from _____ to _____

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE
Copies Received
DISTRIBUTION
Santa Fe
Production Office
State Land Office
C. S. G. S.
Engineering
File

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. BAGS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED

RECORD OF PRODUCTION AND STIMULATION

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

Result of Production Stimulation _____

Depth Cleaned Out _____