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Form C-105
Revised 11-4-74

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

RECEIVED

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.
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Bureau of Mines

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐ JAN 12 1977

7. Unit Agreement Name
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b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐ C.C. ARTESIA, OFFICE

8. Farm or Lease Name
Arquist Estate

2. Name of Operator
Marathon Oil Company

9. Well No.
2

3. Address of Operator
P. O. Box 2409, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat
Undesignated

4. Location of Well
UNIT LETTER A LOCATED 330 FEET FROM THE North LINE AND 330 FEET FROM

12. County
Eddy

THE East LINE OF SEC. 29 TWP. 18S RGE. 26E NMPM

15. Date Spudded 10-28-76	16. Date T.D. Reached 11-10-76	17. Date Compl. (Ready to Prod.) 11-25-76	18. Elevations (DF, RKB, RT, GR, etc.) 3436' KB	19. Elev. Casinghead 3422'
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20. Total Depth 3000'	21. Plug Back T.D. 2958'	22. If Multiple Compl., How Many	23. Intervals Drilled By ALL	Rotary Tools Cable Tools
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24. Producing Interval(s), of this completion - Top, Bottom, Name
2396-2706' Yeso

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Gamma Ray-Sidewall Neutron w/Caliper, Dual Induction Laterolog

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	300'	17 1/2"	360 sx Class "C"	
9 5/8"	32.3#	1200'	12 1/4"	450 sx HOWCO Lite, 300 sx Class "C"	
7"	23#	3000'	8 3/4"	684 sx 50/50 Pozmix	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8"	2566'	

31. Perforation Record (Interval, size and number)
2396', 98, 2423, 26, 29, 33, 41, 45, 47, 49, 51, 54, 56, 60, 62, 71, 73, 2572, 74, 86, 95, 2609, 17, 42, 44, 48, 50, 52, 54, 59, 61, 96, 2706 - 33 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
2396-2706'	3000 gal 15% acid
2396-2706'	80,000 gal gelled KCL water & 200,000# 20/40 sand.

33. PRODUCTION

Date First Production 11-25-76	Production Method (Flowing, gas lift, pumping - Size and type pump) Pump	Well Status (Prod. or Shut-in) Producing
Date of Test 1-4-77	Hours Tested 24	Choke Size -
Prod'n. For Test Period 23	Oil - Bbl. 23	Gas - MCF 23
Water - Bbl. 159	Gas - Oil Ratio 1000	
Flow Tubing Press. -	Casing Pressure 25	Calculated 24-Hour Rate 23
Oil - Bbl. 23	Gas - MCF 23	Water - Bbl. 159
Oil Gravity - API (Corr.) 37.2		

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Vented

Test Witnessed By
John R. Gray

35. List of Attachments
Gamma Ray-Sidewall Neutron, Dual Induction Laterolog

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 Robert J. Lanchel TITLE Petroleum Engineer DATE January 11 1977

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 10 days after the completion of any newly-drilled or reopened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 875'	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____ 2260'	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ 1576 _____ to _____ 1595 _____	No. 4, from _____ to _____
No. 2, from _____ 2396 _____ to _____ 2706 _____	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 _____ 1021 _____ to _____ 1080 _____ feet.	_____
No. 2, from _____ to _____ feet.	_____
No. 3, from _____ to _____ feet.	_____
No. 4, from _____ to _____ feet.	_____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
Surface	323	323	Redbed & Sand				
323	700	377	Lime & Sand				
700	950	250	Dolomite & Sand				
950	2250	1300	Dolomite				
2250	2350	100	Sand				
2350	3000	650	Dolomite				

ARREST EST #2 W-11
El Paso County, New Mexico

OIL AND GAS DIVISION

1. FIELD NAME (as per RRC Records or Wildcat)		2. LEASE NAME	6. RRC District
3. OPERATOR			7. RRC Lease Number. (Oil completions only)
4. ADDRESS			8. Well Number
5. LOCATION (Section, Block, and Survey)			9. RRC Identification Number (Gas completions only)
10. County			

RECEIVED

JAN 12 1977

O. C. C.

ARTESIA, OFFICE

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
300	3.00	1/4	0.44	1.32	1.32
66.2	3.62	1/2	0.87	3.10	4.46
93.2	2.70	1	1.75	4.72	9.18
1200	2.62	3/4	1.31	3.51	12.69
1664	4.64	1	1.75	8.12	20.81
2148	4.84	1	1.75	8.47	29.28
2523	3.75	1 1/4	2.16	8.10	37.38
2850	3.27	1 1/4	2.16	7.06	44.44
3000	2.50	1 1/2	2.62	6.55	50.99

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 3000 feet = 50.99 feet.
- *19. Inclination measurements were made in — ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

James W. Cummins - Sec - Treas

Name of Person and Title (type or print)

Appl Drilling Co.

Name of Company

Telephone: 915 622-5215

Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: _____

Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.