

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

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LAND OFFICE	
OPERATOR	

Bur. of Mines

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Welch "A"

9. Well No.
1

10. Field and Pool, or Wildcat
Wildcat *Straw*

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER **O. O. O. ARTEGIA, OFFICE**

2. Name of Operator
DEPCO, Inc.

3. Address of Operator
800 Central, Odessa, Texas 79761

4. Location of Well

UNIT LETTER **D** LOCATED **480** FEET FROM THE **North** LINE AND **500** FEET FROM

THE **West** LINE OF SEC. **9** TWP. **18S** RGE. **29E** NMPM

12. County
Eddy

15. Date Spudded **12-21-77** 16. Date T.D. Reached **2-1-78** 17. Date Compl. (Ready to Prod.) **P & A 2-4-78** 18. Elevations (DF, RKB, RT, GR, etc.) **3516.3** 19. Elev. Casinghead

20. Total Depth **10,100** 21. Plug Back T.D. 22. If Multiple Compl., How Many 23. Intervals Drilled By **Rotary Tools 96-10,100** Cable Tools **0-96**

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

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
CNL-FDC, DLL

27. Was Well Cored
Yes

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12 3/4	34.6	402	17 1/2	475 sx.	0
8 5/8	24 & 32	2910	11	1300 sx.	0

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production _____ Production Method (*Flowing, gas lift, pumping - Size and type pump*) _____ Well Status (*Prod. or Shut-in*) **Dry**

Date of Test _____ Hours Tested _____ Choke Size _____ Prod'n. For Test Period _____ Oil - Bbl. _____ Gas - MCF _____ Water - Bbl. _____ Gas - Oil Ratio _____

Flow Tubing Press. _____ Casing Pressure _____ Calculated 24-Hour Rate _____ Oil - Bbl. _____ Gas - MCF _____ Water - Bbl. _____ Oil Gravity - API (Corr.) _____

34. Disposition of Gas (*Sold, used for fuel, vented, etc.*) _____ Test Witnessed By ***Pasted (P+H) AP-2 3/17/78***

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 ***D. R. Mason*** **D. R. Mason** TITLE **Chief Clerk** DATE **3-15-78**