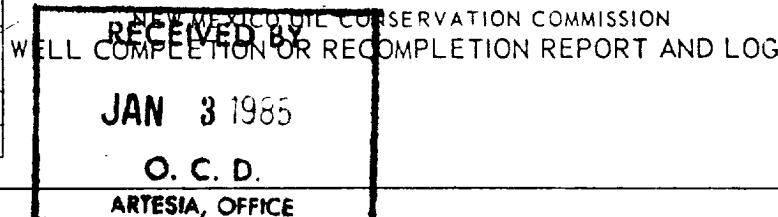


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LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<i>B. J. M.</i>

Form C-105
Revised 11-1-84



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

6. Unit Agreement Name

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☒ - Re-entry

7. Unit Agreement Name
8. Farm or Lease Name
Matlock

2. Name of Operator
Anadarko Production Company
3. Address of Operator
P. O. Drawer 130, Artesia, New Mexico 88210

9. Well No.
1
10. Field and Pool, or Wildcat
Wildcat Canyon

4. Location of Well
UNIT LETTER **J** LOCATED **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **East** LINE OF SEC. **4** TWP. **19S** RGE. **25E** NMPM

11. County
Eddy

15. Date Spudded Re-entry	16. Date T.D. Reached Re-entry	17. Date Compl. (Ready to Prod.) 12-22-84	18. Elevations (DI, RKB, RT, GR, etc.) 3542' GL	19. Elev. Casinghead 3540' GL
20. Total Depth 9230'	21. Plug Back T.D. 8829'	22. If Multiple Compl., How Many	23. Intervals Drilled By Reverse Unit	24. Was Directional Survey Made No

24. Producing Interval(s), of this completion - Top, Bottom, Name
7776' - 7792' & 7802' - 7816' (Canyon)
25. Type Electric and Other Logs Run
None
26. 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"	48.0#	406'	17"	500 sx circ.	None
8-5/8"	24.0#	1129'	12-1/4"	600 sx circ.	None
4-1/2"	11.6#	6208'	7-7/8"	250 sx* Replaced pipe previously pulled	
4-1/2"	11.6#	9230	7-7/8"	450 sx	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2-3/8"	7875'	None

31. Perforation Record (Interval, size and number) 7776-92 & 7802-16 @ 4 SPF by Previous Operator	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	7776-7816	1500 gals acid by previous operator

33. PRODUCTION
Date First Production **12-24-84** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping** Well Status (Prod. or Shut-in) **Producing**
Date of Test **12-29-84** Hours Tested **24** Choke Size **None** Produ'n. For Test Period **34** Oil - Bbl. **1.5** Gas - MCF **156** Water - Bbl. **44:1**
Flow Tubing Press. **40#** Casing Pressure **40#** Calculated 24-Hour Rate **34** Oil - Bbl. **1.5** Gas - MCF **156** Water - Bbl. **43.1 Est.**

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Used for fuel with excess vented
Test Witnessed By
Joe Hightower

35. List of Attachments
None

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 *[Signature]* TITLE **Area Supervisor** DATE **January 2, 1985**