

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form O-100  
Revised 1-1-89

ckf  
Bm  
Bjm

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

TRACY Lease

8. Well No.

1

9. Pool name or Wildcat

WILDCAT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

a. Type of Well: OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER BRINE WELL

RECEIVED

b. Type of Completion:

NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐

001-7 1991

2. Name of Operator

THE PERMIAN CORPORATION

O. C. D.

ARTESIA OFFICE

3. Address of Operator

P. O. BOX 838 HOBBS, NM 88240

4. Well Location

Unit Letter X J : 1400 Feet From The EAST Line and 2450 Feet From The SOUTH Line

Section 33 Township 21 Range 27 NMPM EDDY County

10. Date Spudded  
7-9-91

11. Date T.D. Reached  
7-11-91

12. Date Compl. (Ready to Prod.)  
7-11-91

13. Elevations (DF& RKB, RT, GR, etc.)  
3122 GL

14. Elev. Casinghead  
N/A

15. Total Depth  
600'

16. Plug Back T.D.  
N/A

17. If Multiple Compl. How Many Zones?  
N/A

18. Intervals Drilled By  
Rotary Tools  
X

Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name  
SALT SECTION

20. Was Directional Survey Made  
NO

21. Type Electric and Other Logs Run  
NO LOGS RUN.

22. Was Well Cored  
NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
NO CASING RUN.					

24. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
N/A				

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
N/A		

26. Perforation record (interval, size, and number)

N/A

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

DEPTH INTERVAL  
N/A

AMOUNT AND KIND MATERIAL USED

PRODUCTION

28. Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
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.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	

30. List Attachments

31. 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

Signature

*Richard A. Lentz*

Printed Name

RICHARD A. LENTZ

Title DIST. MANAGER

Date 10-7-91