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OPERATOR	

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
OCT 3 1979

Form O-101
Revised 10-67

Well Type	
State	XX
Well No.	Y-4542

O. C. C.
ARTESIA, OFFICE

1. TYPE OF WELL	
OIL WELL ☐	GAS WELL ☒ DRY ☐ OTHER ☐
2. TYPE OF COMPLETION	
NEW WELL ☐	WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. PRESS. ☐ OTHER ☐ P/A
3. Name of Operator	
Corinne Grace	
4. Address of Operator	
P.O. Box 1418, Carlsbad, New Mexico 88220	
5. Location of Well	

6. Field or Lease Name
Sulphate Uncle
7. Well No.
1
8. Field or Pool, or Well Unit
Wildcat

UNIT LETTER **L** LOCATED **1980** FEET FROM THE **South** LINE AND **660** FEET FROM

THE **West** LINE OF SEC. **23** TWP. **24S** RGE. **27E** NMP.

11. Date Drilled **11/16/74** 12. Date T.D. Reached **9/10/76** 13. Date Compl. (Ready to Prod.) **P/A 11-2-78** 14. Elevations (D.F., R.A.B., R.T., G.R., etc.) **3204.6**

15. Total Depth **2023** 16. Plug Back T.D. **----** 17. If Multiple Compl., How Many **----** 18. Intervals Drilled By **Rotary Tools** Cable Tools **0-2023**

19. Casing Record (Report all strings set in well) **NONE**

20. Type Electric and Other Logs Run **NONE** 21. Was Well Cored **NO**

25. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	54#	638	16	400 sx Hal.Lt.w/L#Gil.&L#Flo	Surface

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
	NONE					NONE	

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	NONE	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
		NONE	

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
						P/A	
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

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 Corinne Grace TITLE AGENT DATE 10/2/79

1. Abby	10/10/1944	10:00	1000	1000
2. John	10/10/1944	10:00	1000	1000
3. Ed	10/10/1944	10:00	1000	1000
4. Mary	10/10/1944	10:00	1000	1000
5. John	10/10/1944	10:00	1000	1000
6. Mary	10/10/1944	10:00	1000	1000
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64. Mary	10/10/1944	10:00	1000	1000