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RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
 WELL COMPLETION OR RECOMPLETION REPORT AND LOG
 JAN 10 1980
O. C. D.
 ARTESIA, OFFICE

Form O-105
 Revised 10-4-80

1. Indicate Type of Lease
 State ☐ Fee ☒

RECEIVED
 JAN 17 1980
O. C. D.
 ARTESIA, OFFICE

1a. TYPE OF WELL
 OIL WELL ☐ GAS WELL ☐ DRY ☐ OTHER **Brine Water Well**

b. TYPE OF COMPLETION
 NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ LIFE LIFT ☐ OTHER ☐

2. Name of Operator
Permian Brine Sales & Service, Inc.

3. Address of Operator
Box 1591, 212 W. 5th St., Odessa, Texas 79760

4. Location of Well
 UNIT LETTER **M** LOCATED **1288** FEET FROM THE **South** LINE AND **497** FEET FROM **Eddy**

THE **West** LINE OF SEC. **17** TWP. **22S** RGE. **27E** NEBPS. **GL 3126**

15. Date Spudded **Oct. 22, 1979** 16. Date T.D. Reached **11-19-79** 17. Date Comp'l. (Ready to Prod.) **11-22-79** 18. Formation (DF, RKB, RT, GR, etc.) **GL 3126** 19. Elev. (Feet above MSL) **-**

20. Total Depth **618'** 21. Plug Back T.D. **583'** 22. If Multiple Comp'l., How Many **→** 23. Intervals Drilled By **→** Rotary Tools **X** Cable Tools **-**

24. Producing Interval(s), of this completion - Top, Bottom, Range
Salt Top 456' Bottom 592

25. Was Perforation Done MSLR **No**

26. Type Electric and Other Logs Run **None** 27. Was Well Cased **No**

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

CASING SIZE	WEIGHT LB./ FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5 1/2"	17#	285'	8"	125 sx Circulated	None
2 1/2"	6.5#	583'	5"	100 sx Circulated	None

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
		None		

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
	None	

31. Perforation, Interval (Interval, size and number)
None

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
None	

33. PRODUCTION

Date First Production **11-22-79** Production Method (Flowing, gas lift, pumping - Size and type pump) **Water Pump** Well Status (Prod. or Shut-in) **Brine Water**

Date of Test **11-22-79** Hours Tested **1** Choke Size **1/4"** Flowing Per Test Period **→** Oil - BBL **0** Gas - MCF **0** Water - BBL **0** Oil Gravity - API (Conn.) **0**

Flow Tubing Press. **0** Casing Pressure **0** Calculated F.P. 4-Hour Rate **→** Oil - BBL **0** Gas - MCF **0** Water - BBL **0** Oil Gravity - API (Conn.) **0**

34. Deposits in Well (Solid, used for fuel, vented, etc.) **None** Test witnessed by **None**

35. List of Artisan Wells **None**

36. I, **A.L. Hickerson**, President, 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 **A.L. Hickerson** TITLE **President** DATE **11-30-79**

*Posted
 ID 2
 1-18-80
 brine water
 well*