

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVE Santa Fe, New Mexico Wall All D 10 WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

LOCA	AREA 640 AC ATE WELL CO	CRES ORRECTLY							
•		(Company or C	perator)		***************************************		(Lease)		**********
Well No		, in N	1/4	of	4, of Sec	, т.	39 , R .	3 📥	, NMPN
<u>بىڭغىڭسى</u>	لمح المستميد		-	laware	Pool,		AB A		Count
Well is		feet from	n	ka	line and.	30,40	feet from	Rest	li
of Section	<u> </u>	If	State I	Land the Oil and	d Gas Lease No	. is	653	*************************	************
Drilling Cor	nmenced	<u> </u>		• • • • • • • • • • • • • • • • • • • •	19 Drilli	ng was Complete	3		, 19
Name of Dr	illing Contra	actor	۳ مران	Sinc í	John Coll	***********************	*************	***************************************	*************
Address			i. is	. <u> (0. 0.0)</u>		************************************	:t-v=6d=10 k .f-sec1pp-v_sec+repec11_pps_	*****************	
Elevation ab	ove sea level	at Top of Tub	ing He	ad		The in	formation given is to	be kept confide	ential unt
· · · · · · · · · · · · · · · · · · ·		***************************************	, 1	9					
				ort	SANDS OR 2	CONTES			
No. 1, from.	•••••		to		No.	4, from	to.	************	••••••
							to		
							to		
				23.57 .070.					
Include data	on rate of	water inflow as	nd eleva	importion to which v	TANT WATEI				
							feet		
							feet.		***************************************
							feet.		
							feet.		
		***************************************				•••••••••••••••••••••••••••••••••••••••			• • • • • • • • • • • • • • • • • • • •
			···		CASING RECO	RD			
SIZE	WEIG PER F		V OR ED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPO	SE
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	-								
				MIDDING					
SIZE OF	SIZE OF	www.pe		T		ING RECORD			
HOLE	CASING	WHERE SET		O. SACKS F CEMENT	METHOD USED	G	RAVITY	AMOUNT OF MUD USED	
2 1/1	440								
			 						
			R	ECORD OF PI	BODUCTION A	AND STIMULA'	TION		
		(Record	the Pro	ocess used. No.	of Ots. or Gai	s. used. interval	treated or shot.)		
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	·····				**********************			•••••	
Result of Pro	duction Stim	ulation			*********************		***************************************	******	
·		*********							
				189194			Death Cleaned O		

LECORD OF DRILL-STEM AND SPECIAL Thurs

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary too	ls were us	sed from	feet to	3709	feet, and	d from		feet to	feet.				
Cable tools	s were use	d from	feet to)	fe e , and	d from		feet to	feet.				
					CTION								
Put to Pro	ducing		<u>grandation</u>	19	•								
OIL WEL	T. The	production	during the first 24 hou	ire was	one	barre	els of liqu	aid of which					
OIL WEL		The production during the first 24 hours was											
	was	oil;	% was en	nulsion;		% water;	and	% wa	as sediment. A.P.I.				
	Gra	vitv											
	*												
GAS WEL	LL: The	production	during the first 24 hou	ırs was		I.C.F. plu	S		barrels of				
	liqu	id Hydroca	rbon. Shut in Pressure	lbs	i .								
	_	-											
Length of	f Time Sh	ut in			•				•				
PLEA	ASE IND	ICATE BE	ELOW FORMATION	TOPS (IN CON	VFORMANC	E WITH	GEOGR	APHICAL SECTIO	N OF STATE):				
			Southeastern New M					Northwestern N					
T. Anhy.		17.10	т.	Devonian			Т.	Ojo Alamo					
•			т.	Silurian				Kirtland-Fruitland	*************************				
			T.	Montoya				Farmington					
ىد ىل ەرنىكىنىدىلىد			T.	Simpson				Pictured Cliffs					
T. Yates			T.	McKee	r								
				Ellenburger									
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T. Miss.			т.	•			1.						
				FORMATION	ON RECU	IKD .							
Т.	T-	Thickness	Formati	on	From	To	Thicknes		nation				
From	То	in Feet	Formati		_		in Feet						
	l is		Same Po h alle										
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1010	50		balt amby										
3350	رزر ز		unby o shale										
3503	370		Black Shale				į						
3570	132		Sand										
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			ATTACH SEPAR	ATE SHEET I			ACE IS	NEEDED					
_					1				ork dono on it so to				
			that the information	given herewith is	s a complete	and corre	ct record ार्डि	or the well and all w	ork done pri it so 12				
as can b	oe determi	ined from a	vailable records.		100%	Editor Table		4	* * * * * * * * * * * * * * * * * * *				
									(Date)				
Compan	ny or Ope	rator	ove		. Address	خضم	ونكذ						
			Zualan			ent :	•						
Name			Municipal		Position	or Title		<u> </u>	***************************************				