

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-581	

1a. TYPE OF WELL BHM OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name N/A	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER P & A		8. Farm or Lease Name Win State	
2. Name of Operator Corinne B. Grace		9. Well No. 1	
3. Address of Operator P. O. box 1418, Carlsbad, New Mexico 88220		10. Field and Pool, or Wildcat East Ross Draw Dela.	
4. Location of Well UNIT LETTER C LOCATED 1980 FEET FROM THE West LINE AND 660 FEET FROM		12. County Eddy	
THE North LINE OF SEC. 36 TWP. 26S RGE. 30E NMPM			
15. Date Spudded 6/27/87	16. Date T.D. Reached 2/13/88	17. Date Compl. (Ready to Prod.) P&A 4/15/88	18. Elevations (DF, RKB, RT, GR, etc.) 3025 GR
19. Elev. Casinghead			
20. Total Depth 201'	21. Plug Back T.D. P&A to Surf.	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools Cable Tools 0-201
24. Producing Interval(s), of this completion - Top, Bottom, Name None			25. Was Directional Survey Made No
26. Type Electric and Other Logs Run None			27. Was Well Cored No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
None			
29. LINER RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT
30. TUBING RECORD			
SIZE	DEPTH SET	PACKER SET	
31. Perforation Record (Interval, size and number) None		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL	
		AMOUNT AND KIND MATERIAL USED	
33. PRODUCTION			
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
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.
34. Disposition of Gas (Sold, used for fuel, vented, etc.)		Test Witnessed By	
35. List of Attachments			
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 Mike Smith		TITLE Agent	
		DATE 4/14/88	