## Submit to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

Date 1-4-94

Signature

	ec Lease — 5 copies							NVC1	LL API NO	·····			- 1
D	ISTRICT I .O. Box 1980, Hobbs, ?	VIM 88240	OIL CON			DIVI	SION	WE		, 0-015-2	7398		- <del>(;)</del>
	,	W1 86240		P.O. Box			10	5.		pe of Lease	7 3 7 0	<del></del>	
	<u>ISTRICT II</u> .O. Drawer DD, Artesia	, NM 88210	Santa Fe	e, New Mex					•	57	ATE X	FE	E 🗌
D	ISTRICT III				104	6 19	94	6.		Gas Lease		•	
_10	000 Rio Brazos Rd., Az	zec, NM 87410			17 17 18				L	H - 246	0	77777	,,,,,,
		OMPLETION	OR RECOMPL	ETION REF	PORT	AND LO	G					/////	
12.	Type of Well: OIL WELL	GAS WELL	L DRY	OTHER	S	JD Well	]	7.	Lease Nam	e or Unit Ag	reement N	ame	
	_	OAS WELL	DKI	OTHER		VD WCII	·		ъ	26	C+ -+ -		
b.	. Type of Completion:		<b>-10</b>	T-FORE					P	ogo 36	State		
	WELL OVER	DEEPEN [	BACK	RESVR OT	HER			_					
2.	Name of Operator							8.	Well No.				
	Southwest R	oyalties,	Inc.							1			
3.	Address of Operator									or Wildcat	_		
_	P.O. Box 11 Well Location	390, Mid	land, Texas	79702			··	, N	North 1	Brushy	Draw -	Dela	ware
•			0	0	,_		. 2	20		_	77		
	Unit Letter	<u>L</u> :231	O Feet From The	Sout	n	Line a	nd	30	Feet F	rom The	wes	S E	_ Line
	Section	36	Township	25-S	Range	29-	-E	NMPN	A	Eddy		C	ounty
10	Date Spudded 1		<del></del>	Compl. (Ready to					KB, RT, G	<del></del>	14. Elev. (		
	Recompletion		<b>I</b>	compt. (Needly A	01104.)	13.		037.5		,, с.с.,	14. 230		_
15.		16. Plug Ba		17. If Multiple	Compl.	How			Rotary Tool	<u>s</u>	Cable Too	ak	
	CIBP @ 5400	1		Many Zone	:		Drill	∞d By	X		i		
19.	Producing Interval(s),			e				· ··· · · · · ·		0. Was Dire	ctional Sur	vey Made	e
	Injection W	ell					<u> </u>						
21.	. Type Electric and Oth	er Logs Run						2	2. Was We	all Cored			
23.													
25.	•	_	CASING R	ECORD	(Repo	rt all str	ings set	in we	11)				
	CASING SIZE	WEIGHT L	B/FT. DEP	TH SET		OLE SIZE		CEME	NTING R	ECORD	AM	DUNT P	ULLEI
ļ	13-3/8"	54.5 #	563		17- 11'	-1./2"		95 sx			<del></del> _	<u> </u>	
<u> </u>	8-5/8" 5-1/2"	24 & 32		34'		7 / 8''		60 sx		1 0 5	110!	0	
$\vdash$	5-1/2"	15.5 #	597	11	/	110				ool @ 5 250 sx	110		
-	<del></del>									636  sx	-		
24.			LINER RECO	DRD	<del></del>		1 - 1	<b>25</b> .		BING RE	CORD		
	SIZE	TOP	воттом		MENT	SCRE	EN			DEPTI		PACK	ER SET
								2-	7/8"	4661		466	
						,							
26.	Perforation reco	rd (interval, siz	e, and number)			<del></del>				E, CEMEI			
	l spf from	4710! - 48	8261				<b>- 482</b>			NT AND KI			
	1 Spi IIOm	4710 - 40	020			4176	- 402	.0	3000	gals.	7-1/2/	NEFI	<u> </u>
						ļ							
28.				PRODU	CTIO	N	·						
	te First Production		Production Method (				d type pur	φ)		Well Sta	tus (Prod.	or Shut-ii	1)
Dat	te of Test	Hours Tested	Choke Size	Prod'n For		Dil - Bbl.	Ga	s - MCF	V	Vater - Bbl.		Gas - O	il Ratio
				Test Perio		- C 1	<u></u>	32	Phi	0:1.0-	nim A DY	(C== )	
Flo	w Tubing Press.	Casing Pressure	Calculated 24 Hour Rate	⊢ Oil - Bbl.		Gas - N	ncr 	Water	- BOL	UII Gra	vity - API	· (COTT.)	
20	Dissocition of Co. 15	Jel sone of Com Evel or	anted atc.)			!			Test W	itnessed By		<del></del>	
<i>2</i> 9.	Disposition of Gas (So	na, usea jor juel, v	eruea, EIC.)							uy			
30	List Attachments									<u>-</u>			
	Injection be	egan week o	of 12-19-93.										
31.	I hereby certify that	the information	shown on both side	s of this form	is true	and compl	ete to the	best of	my knowle	edge and be	lief		

Printed Name

Ann E. Ritchie Title Agent

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE Southeastern New Mexico

T. Canyon \_\_\_\_\_\_ T. Ojo Alamo \_\_\_\_\_ T. Penn. "B"\_\_\_\_\_

Northwestern New Mexico

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10. 3, ITON	m	• • • • • • • • • • • • • • • • • • • •	·······	•••••		foot	
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