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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
LG-3876

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

2. Name of Operator
Palmer Oil & Gas Company

3. Address of Operator
P. O. Box 2564, Billings, Montana 59103

4. Location of Well
UNIT LETTER 1 LOCATED 1850 FEET FROM THE South LINE AND 800 FEET FROM

THE East LINE OF SEC. 2 TWP. 31N RGE. 7W NMPM

12. County
San Juan

15. Date Spudded 6/23/77 16. Date T.D. Reached 7/6/77 17. Date Compl. (Ready to Prod.) 7/30/77

18. Elevations (DF, RKB, RT, GR, etc.) 6564' KB 19. Elev. Casinghead _____

20. Total Depth 6139 21. Plug Back T.D. 5965 22. If Multiple Compl., How Many _____

23. Intervals Drilled By Rotary Tools 0-TD Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
5908-69 Lower Mesaverde
5691-5761 Upper Mesaverde

25. Was Directional Survey Made
none

26. Type Electric and Other Logs Run
Schlumberger FDC /CNL/GR, IES, SNP

27. Was Well Cored
no

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	36#	230'	13-3/4"	250 sx	none
7"	20#	3653'	8-3/4"	658 sx	none

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
4-1/2"	3404'	6117'	300 sx	

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-3/8"	5812'	none

31. Perforation Record (Interval, size and number)
5908, 5915, 5922, 5944, 5951, 5969, 5691, 5693, 5740, 5743, 5750, 5757, 5761

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
5908-5969	500 gal. 15% HCL; 94,500 gal. gell-ed wtr, 27,000# 100 mesh, 109,000# 10/20
5691-5761	500 gal. 15% HCL; 68,200 gal. gell-ed wtr, 19,500# 100 mesh, 65,000 10/20

33. PRODUCTION

Date First Production Shut in Production Method (*Flowing, gas lift, pumping - Size and type pump*) Flowing Well Status (*Prod. or Shut-in*) shut-in

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<u>SITP 1119</u>	<u>SICP 1119</u>						

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
<u>SITP 1119</u>	<u>SICP 1119</u>					

34. Disposition of Gas (*Sold, used for fuel, vented, etc.*)
will be sold

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 Robert D Ballantyne TITLE Production Sup't DATE 10/5/77
Robert D. Ballantyne

