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LAND OFFICE	
OPERATOR	

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.

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  
**Pennzoil United, Inc.**  
3. Address of Operator  
**P. O. Drawer 1828 - Midland, Texas 79701**  
4. Location of Well

7. Unit Agreement Name  
8. Farm or Lease Name  
**Dickinson "25"**  
9. Well No.  
**1**  
10. Field and Pool, or Wildcat  
**Wildcat**

UNIT LETTER \_\_\_\_\_ LOCATED **1980** FEET FROM THE **South** LINE AND **660** FEET FROM  
THE **West** LINE OF SEC. **25** TWP. **11-S** RGE. **36-E** NMPM  
12. County  
**Lea**

15. Date Spudded **12-17-68** 16. Date T.D. Reached **1-1-69** 17. Date Compl. (Ready to Prod.)  
15. Elevations (DF, RKB, RT, GR, etc.) 19. Elev. Casinghead

20. Total Depth **3200'** 21. Plug Back T.D. **0** 22. If Multiple Compl., How Many  
23. Intervals Drilled By: Rotary Tools Cable Tools  
**0 - 3200'**

24. Producing Interval(s), of this completion - Top, Bottom, Name  
**None** 25. Was Directional Survey Made

26. Type Electric and Other Logs Run  
**Schl., Integrated Sonic Log, Gamma Ray** 27. Was Well Cored

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>8 5/8"</b>	<b>24#</b>	<b>421</b>	<b>11"</b>	<b>250 sx - Circulated</b>	<b>None</b>

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
<b>None</b>							

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 **None** 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 Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio  
**None**  
Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API (Corr.)  
**None**

34. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By  
**None**

35. List of Attachments  
**Deviation record**

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 Charles G. Brown TITLE Mgr. of Drlg. & Prod. DATE 1-16-69

