

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-105
Revised 1-1-89

Submit to Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-11753 ✓

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL GAS WELL DRY OTHER Water Supply

b. Type of Completion: NEW WELL WORK OVER DEEPEN PLUG BACK DIFF RESVR OTHER _____

7. Lease Name or Unit Agreement Name
South Justis Unit WSW

2. Name of Operator
ARCO Oil & Gas Company

8. Well No.
1

3. Address of Operator
Box 1610, Midland, TX 79702

9. Pool name or Wildcat
San Andres

4. Well Location
Unit Letter D : 660 Feet From The North Line and 990 Feet From The West Line

Section 24 Township 25S Range 37E NMPM Lea County

10. Date Spudded _____ 11. Date T.D. Reached _____ 12. Date Compl. (Ready to Prod.) 4-19-93 13. Elevations (DF & RKB, RT, GR, etc.) 3082 14. Elev. Casinghead _____

15. Total Depth 7090 16. Plug Back T.D. 4850 17. If Multiple Compl. How Many Zones? _____ 18. Intervals Drilled By Rotary Tools Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name 3476-4153 20. Was Directional Survey Made No

21. Type Electric and Other Logs Run None 22. Was Well Cored No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	535		550 SX	
9-5/8	36	3375	12-1/4	1250 SX	
7	23	7090	8-3/4	720 SX	
5-1/2	16.87	6817	6-1/4	200 SX	

LINER RECORD

25. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-7/8	2053	

26. Perforation record (interval, size, and number)

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3476-4153	A w/10,000 gals

PRODUCTION

28. Date First Production <u>4-20-93</u>	Production Method (Flowing, gas lift, pumping - Size and type pump) <u>Pumping - ESP</u>	Well Status (Prod. or Shut-in) <u>Prod</u>					
Date of Test <u>4-28-93</u>	Hours Tested <u>24</u>	Choke Size	Prod'n For Test Period	Oil - Bbl. <u>0</u>	Gas - MCF <u>0</u>	Water - Bbl. <u>1500</u>	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. <u>0</u>	Gas - MCF <u>0</u>	Water - Bbl. <u>1500</u>	Oil Gravity - API - (Corr.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

30. List Attachments _____

31. 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
915 688-5672

Signature Ken W. Gosnell Printed Name Ken W. Gosnell Title Reg. Coord. Date 4-29-93

