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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.
1039 11789

1a. TYPE OF WELL

b. TYPE OF COMPLETION
 OIL WELL GAS WELL DRY OTHER **Water Injection**
 NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER

7. Unit Agreement Name

8. Farm or Lease Name
Knight

9. Well No.
8

10. Field and Pool, or Wildcat
Langlie-Mattix

2. Name of Operator
George L. Buckles Company

3. Address of Operator
P. O. Box 145, Monahans, Texas 79756

4. Location of Well

UNIT LETTER **L** LOCATED **2635** FEET FROM THE **Route** LINE AND **5** FEET FROM

THE **West** LINE OF SEC. **22** TWP. **24-S** RGE. **37-E** NMPM

12. County
Lea

15. Date Spudded **9-9-69**

16. Date T.D. Reached **9-12-69**

17. Date Compl. (Ready to Prod.) **9-13-69**

18. Elevations (DF, RKB, RT, GR, etc.) **3223 Gr.**

19. Elev. Casinghead **N.A.**

20. Total Depth **3600**

21. Plug Back T.D. **--**

22. If Multiple Compl., How Many **--**

23. Intervals Drilled By Rotary Tools **→**

25. Was Directional Survey Made
No

24. Producing Interval(s), of this completion - Top, Bottom, Name
3396 - 3600 Queen

27. Was Well Cored
No

26. Type Electric and Other Logs Run **--**

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
No Change					

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
None				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	3589'	None

31. Perforation Record (Interval, size and number)

None

ILLEGIBLE

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
None	

33. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) **Water Injection Well** 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
			→				

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)
		→				

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 **Robert M. Orr** (Robert M. Orr) TITLE **President** DATE **September 18, 1969**

