

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised April 3, 2017
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing: <input type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)	5. Lease Name or Unit Agreement Name 6. Well Number:																																	
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER _____																																		
8. Name of Operator	9. OGRID																																	
10. Address of Operator	11. Pool name or Wildcat																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>12. Location</th> <th>Unit Ltr</th> <th>Section</th> <th>Township</th> <th>Range</th> <th>Lot</th> <th>Feet from the</th> <th>N/S Line</th> <th>Feet from the</th> <th>E/W Line</th> <th>County</th> </tr> <tr> <td>Surface:</td> <td></td> </tr> <tr> <td>BH:</td> <td></td> </tr> </table>	12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	Surface:											BH:											
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Surface:																																		
BH:																																		
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)			17. Elevations (DF and RKB, RT, GR, etc.)																											
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?			21. Type Electric and Other Logs Run																											
22. Producing Interval(s), of this completion - Top, Bottom, Name																																		

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

24. LINER RECORD	25. TUBING RECORD																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>SIZE</th> <th>TOP</th> <th>BOTTOM</th> <th>SACKS CEMENT</th> <th>SCREEN</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN											<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>SIZE</th> <th>DEPTH SET</th> <th>PACKER SET</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	SIZE	DEPTH SET	PACKER SET						
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN																					
SIZE	DEPTH SET	PACKER SET																							
26. Perforation record (interval, size, and number)																									
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.																									
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED																								

28. PRODUCTION

Date First Production		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>)				Well Status (<i>Prod. or Shut-in</i>)	
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 - (<i>Corr.</i>)	
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>)						30. Test Witnessed By	

31. List Attachments

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.	33. Rig Release Date:
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34. If an on-site burial was used at the well, report the exact location of the on-site burial:
 Latitude _____ Longitude _____ NAD83

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

Signature Fatima Vasquez Printed Name _____ Title _____ Date _____

E-mail Address _____

