

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
OPERATOR	

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil 6. Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Roswell

9. Well No.
1

10. Field and Pool, or Wildcat
Und S Pecos Slope

12. County
Chaves

1. TYPE OF WELL *Bojml*
OIL WELL GAS WELL DRY OTHER _____

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

3. Name of Operator
Sanders Oil & Gas Company ✓

4. Address of Operator
13530 Vargon Street, Dallas, Texas 75243

5. Location of Well
O.C.D. ARTESIA, OFFICE

6. UNIT LETTER J LOCATED 2140 FEET FROM THE S LINE AND 2310 FEET FROM

7. THE E LINE OF SEC. 29 TWP. 10S RGE. 25E NMPM

15. Date Spudded 10-26-85 16. Date T.D. Reached 1-15-86 17. Date Compl. (Ready to Prod.) _____

18. Elevations (DF, RKB, RT, GR, etc.) 3480 GL 19. Elev. Casinghead 3480

20. Total Depth 4198 21. Plug Back T.D. 4117 22. If Multiple Compl., How Many _____

23. Intervals Drilled By: Rotary Tools 0-4198 Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
3170 - 3285 Abo

25. Was Directional Survey Made
Yes

26. Type Electric and Other Logs Run
DLL/MSFL/CNL/LDT

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
13 3/8"	61#	274'	17 1/2"	250 Sx Cl "C" Circ.	None
8 5/8"	24#	936'	12 1/4"	350 Sx Cl "C" Circ.	None
4 1/2"	9.5#	4117'	7 7/8"	300 Sx 50/50 Poz.	None

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
None				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
None		

31. Perforation Record (Interval, size and number)
None/Well not completed due to lack of market and P.L. unwilling to connect.

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) _____ 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 [Signature] TITLE C. W. Sanders - Owner DATE 3/16/89

