| Submit To Appropriate State Lease - 6 copies | | | State of New Mexico | | | | | Form C-105 | | | |
|---|----------------------|--|---------------------------|----------------------------------|-------------|--------------------------|--|--------------------------------|-------------|---------------------------------------|--|
| Fee Lease - 5 copies District I | Eı | Energy, Minerals and Natural Resources | | | | | Revised June 10, 2003 | | | | |
| 1625 N. French Dr., I | ļ | | | | | | WELL API NO. 30-025-06787 | | | | |
| District II 1301 W. Grand Aven | ue, Artesia, NM 8821 | 0 | Oil Conservation Division | | | | | 5. Indicate Type of Lease | | | |
| District III 1000 Rio Brazos Rd., | | 1220 South St. Francis Dr. | | | | | STATE FEE X | | | | |
| District IV 1220 S. St. Francis D | r Santa Fe. NM 875 | 05 | Santa Fe, NM 87505 | | | | | State Oil & Gas Lease No. | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | |
| la. Type of Well: OIL WELL ☑ GAS WELL ☐ DRY ☐ OTHER | | | | | | | 7. Lease Name or Unit Agreement Name | | | | |
| b. Type of Completion: | | | | | | | | Cone, J. R. "AB" | | | |
| NEW ☐ WORK ☐ DEEPEN ☐ PLUG 🏿 DIFF. | | | | | | | | 00110, 0.11. 7.0 | | | |
| WELL OVER BACK RESVR. ☑ OTHER 2. Name of Operator | | | | | | | 8. Well No. | | | | |
| John H. Hendrix Corporation | | | | | | | | 1 | | | |
| 3. Address of Operator | | | | | | | 9. Pool name or Wildcat | | | | |
| P. O. Box 3040 Midland, TX 79702-3040 | | | | | | | Tubb Oil & Gas | | | | |
| 4. Well Location | u iviiulariu, IA | 19102-304 | | | · | | 1455 0 | | | | |
| I Init I etter | M : 60 | 30 Feet F | rom The | South | 1 ; | ne and 66 | 0 | Feet From Th | . W | est _{Line} | |
| | | | | | | | | - | ** | | |
| Section 10. Date Spudded | 26 | | hip 21 | S Fompl. (Ready to Prod.) | <u> </u> | 37E 3. Elevations (D) | NMPM | Lea R etc.) | | County Casinghead | |
| - | Tr. Date 1.D. K | | /18/20 | 06 | 33 | 885' GR | Ca KKD, K1, O | ik, cic.) | 14. LICV. | Casingneau | |
| 15. Total Depth | 16. Plug | Back T.D. | 1 | Multiple Compl. How | Many | 18. Intervals | Rotary Too | ls | Cable ' | Tools | |
| 6554' | 6300' | | | ones? | | Drilled By | | | | | |
| 19. Producing Inte | | pletion - Top, B | ottom, N | ame | | | | 20. Was Dir | ectional S | urvey Made | |
| (6077 - 6203') Tubb 21. Type Electric and Other Logs Run | | | | | | | 22. Was Well Cored | | | | |
| None | | | | | | | | | | | |
| 23. | | | CA | SING RECO | | | | | | | |
| CASING SIZ | E WEIG | GHT LB./FT. | - | DEPTH SET | H | OLE SIZE | CEMENTI | NG RECORD | A | MOUNT PULLED | |
| NC NC | | | | | | | | | + | | |
| | | | 1 | | | • | | | | | |
| | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| SIZE | BOTTOM | LINER RECORD OTTOM SACKS CEMENT | | | SCREEN SIZ | | 5. TUBING RI ZE DEPTH S | | | | |
| | TOP | | | | 001132 | | 2-3/8" | 6000' | | 6000' | |
| | | | | | | | | | | | |
| 1607/ 60000 1 | | | | | | | RACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| DEPTH INTERVAL 6077 - 6203' | | | | | | | AMOUNT AND KIND MATERIAL USED 2500 gals. acid | | | | |
| | | | | | | | | | | | |
| | *** | | | | | | | | | | |
| 28 | | | | | <u>ODUC</u> | | | | | | |
| Date First Production Production Method (Flowing, gas lift, pump) 08/18/2006 Swab & flowed | | | | | | and type pump) | Į. | Well Status (Prod. or Shut-in) | | | |
| | | | | | | | | Shut-In | | | |
| Date of Test 08/18/2006 | Hours Tested | Choke Siz | ze | Prod'n For Test Period | Oil - Bl |) | ias - MCF | Water - E | 3bl. | Gas - Oil Ratio | |
| Flow Tubing | ļ | Open Calculate | 124 | Oil Bh | 1 | - NGE | 20 | | | | |
| Press. | Casing Pressure | Hour Rate | | Oil - Bbl. | Gas | s - MCF | Water - Bbl. | On | Jeavity - A | API - (Corr.) | |
| 25 | Pkr. | | | 2.4 | 48 | 3 | 0 | 36. | 1′ | N.E. | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) | | | | | | | | Test Witnes | • | | |
| Vented 30. List Attachments | | | | | | | | M. Burro | WS | · · · · · · · · · · · · · · · · · · · | |
| hC4103VC-104 | • | | | | | | | | | | |
| BI I hereby den | ify that the infort | nation shown | op both | sides of this form as Printed | true and | l complete to t | he best of my | knowledge ai | nd belief | | |
| 10 | you or | weer | 1000 | Printed | | | | | | | |
| Signature | | | | Name Ronnie H | | | | | | Date 08/30/200 | |
| E-mail Addres | S | | | | | | | | | | |