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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.

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____		7. Unit Agreement Name <b>None</b>	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____		8. Farm or Lease Name <b>J. R. Harrell</b>	
2. Name of Operator <b>Southern Petroleum Exploration, Inc.</b>		9. Well No. <b>1</b>	
3. Address of Operator <b>P. O. Box 1434, Roswell, New Mexico 88201</b>		10. Field and Pool, or Wildcat <b>Wildcat</b>	
4. Location of Well UNIT LETTER <b>F</b> LOCATED <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE OF SEC. <b>5</b> TWP. <b>5-N</b> RGE. <b>31-E</b> NMPM		12. County <b>Curry</b>	
15. Date Spudded <b>8/9/70</b>	16. Date T.D. Reached <b>8/13/70</b>	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.) <b>4735 GR</b>
19. Elev. Casinghead	20. Total Depth <b>3260</b>		
21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By <b>Rotary Tools 0-3260</b>	Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name			25. Was Directional Survey Made <b>Yes</b>
26. Type Electric and Other Logs Run <b>Gamma-Ray-Sonic, No. 9 Laterolog, Microlaterolog &amp; Sidewall Neutron</b>			27. Was Well Cored <b>No</b>
28. CASING RECORD (Report all strings set in well)			
CASING SIZE <b>8-5/8"</b>	WEIGHT LB./FT. <b>20#</b>	DEPTH SET <b>328'</b>	HOLE SIZE <b>12-1/4"</b>
CEMENTING RECORD <b>200 sacks</b>		AMOUNT PULLED <b>None</b>	
29. LINER RECORD			
SIZE <b>None</b>	TOP	BOTTOM	SACKS CEMENT
30. TUBING RECORD			
SIZE <b>None</b>	DEPTH SET		PACKER SET
31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL	
		AMOUNT AND KIND MATERIAL USED	
33. PRODUCTION			
Date First Production <b>None</b>	Production Method (Flowing, gas lift, pumping - Size and type pump)		Well Status (Prod. or Shut-in) <b>Plugged</b>
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio
34. Disposition of Gas (Sold, used for fuel, vented, etc.)			Test Witnessed By
35. List of Attachments <b>Gamma Ray-Sonic, No. 9 Laterolog, Microlaterolog, SNP, Deviation Affidavit</b>			
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 <b>Re. Hub</b>		TITLE <b>District Manager</b>	DATE <b>8/21/70</b>