

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
LG-1732

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER **Re-entry**

7. Unit Agreement Name

8. Farm or Lease Name
State "BC"

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated

2. Name of Operator
MORRIS R. ANTWEIL

3. Address of Operator
Box 2010, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **M** LOCATED **660** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **West** LINE OF SEC. **33** TWP. **11-S** RGE. **32-E** NMPM

12. County
Lea

15. Date Spudded **16 Oct., 1980** 16. Date T.D. Reached **23 Oct. 1980** 17. Date Compl. (Ready to Prod.) **P&A 29 Oct. 1980** 18. Elevations (DF, RKB, RT, GR, etc.) **4401' GR** 19. Elev. Casinghead **4401'**

20. Total Depth Cleaned **Out- 11,500'** 21. Plug Back T.D. _____ 22. If Multiple Compl., How Many **---** 23. Intervals Drilled By: Rotary Tools **0-11,500'** Cable Tools **---**

24. Producing Interval(s), of this completion - Top, Bottom, Name
P & A

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Comp. Neutron-Density, Dual Laterlog, Micro-SFL

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"	48	346'	17-1/2"	350 sx. - Circ.	None
8-5/8"	32	3625'	12-1/4"	2300 sx. - Circ.	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

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
Logs

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 **R.M. Williams** TITLE **Agent** DATE **4 Nov., 1980**

