				i \$				
						-		
NO. OF COPIES RECEIV	ED						Form (C)	05
DISTRIBUTION							Revised	Î-1-65
SANTA FE					ON COMMISSION		State State	Type of Alease
U.S.G.S.	V	VELL COMPL	ETION OR R	ECOMPLET	ION REPORT A	ND LOG		Gas Lease No. 9,
LAND OFFICE							NM 31.5	. ~ 1411
OPERATOR							inniin	anti kimi
						1		
la. TYPE OF WELL							7. Unit Agree	ement Name
h 7455 05 45	OIL WEL	L GAS WELI	DRY	OTHE	Plug & Aba	ndon		
b. TYPE OF COMPLE	RK	PLUG	DIFF.		-		8. Form or L	
2. Name of Operator	ER DEEPE	N BACK	RESVR.	OTHE	R		J. P. C 9. Well No.	ollier
TEXAS PACI	FIC OIL CON	PANY					4	
3. Address of Operator				······································				i Pool, or Wildcat
P. O. Box 4. Location of Well	1069 - Hobb	s, New Mex	ico				North E	agley
4. Location of well								
UNIT LETTER G		L 98 0	No	rth	2130	[
UNIT LETTER	LOCATED	FEET F	ROM THE	LINE A	minimin's	FEET FROM	12. County	<i>millilli</i>
THE East LINE OF	sec. 10 T	wp. 11-5 g	33 - E				Les	
15. Date Spudded	16. Date T.D. R	eached 17. Date	Compl. (Ready	to Prod.) 18	. Elevations (DF, I	RKB, RT, GI	R, etc.) 19. E	Clev. Cashinghead
5-20-67 20. Total Depth		Plugg			4257 .7		•	
	21. Pluc	g Back T.D.	22. If Mu Many	ltiple Compl., I	How 23. Interval Drilled	ls Rotary	Tools	Cable Tools
1066 ? 24. Producing Interval(:	To S	urface				→ 0 -		
None	s), of this complet	ion — Top, Bottor	n, Name				25	. Was Directional Survey Made
Plugged & Ab	andoned w/3	is aka, due	to deviat	tion diff	imilities.			Yes
26. Type Electric and (, , , , , , , , , , , , , , , , , , , ,						s Well Cored
None								
28.		CA	SING RECORD	Report all strin	igs set in well)		 	
13-3/8H	WEIGHT LB.	7FT. DEPT		HOLE SIZE		TING RECO		AMOUNT PULLED
13-3/0	40#	7071		7-1/2 m	450 sks. r	86. ₹ 22	CA CL	None
**								
29.	L	INER RECORD	· 		30.	TI	UBING RECO	RD
SIZE	ТОР	ВОТТОМ	SACKS CEME	NT SCREE	N SIZE		TH SET	PACKER SET
				<u> </u>				
31. Perforation Record	(Interval, size and	number)		32.	ACID, SHOT, FR			
				DEPT	HINTERVAL	AMOU	NT AND KINI	MATERIAL USED
								, <u>, , , , , , , , , , , , , , , , , , </u>
				-				
33. Date First Production	15-1	- H - 1 /E1-		RODUCTION			1	
Date First Floataction	Produc	ction Method (Flo	wing, gas iiji, p	umping - Size	and type pump)		Well Status	(Prod. or Shut-in)
							<u> </u>	1
Date of Test	Hours Tested	Choke Size	Prod'n. For	Oil — Bbl.	Gas - MCF	Water	- Bbl.	Gas - Oil Batto
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water	- Bbl.	Gas — Oil Ratio
Date of Test Flow Tubing Press.	Hours Tested Casing Pressure	Calculated 24	Test Period	Oil — Bbl.		Water		Gas—Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24 Hour Rate	Test Period	<u> </u>				
	Casing Pressure	Calculated 24 Hour Rate	Test Period	<u> </u>		ter — Bbl.		ravity — API <i>(Corr.)</i>
Flow Tubing Press. 34. Disposition of Gas (Casing Pressure	Calculated 24 Hour Rate	Test Period	<u> </u>		ter — Bbl.	Oil C	ravity — API <i>(Corr.)</i>
Flow Tubing Press. 34. Disposition of Gas (35. List of Attachments	Casing Pressure	Calculated 24 Hour Rate	Test Period	<u> </u>		ter — Bbl.	Oil C	ravity — API <i>(Corr.)</i>
Flow Tubing Press. 34. Disposition of Gas (35. List of Attachments Deviations	Casing Pressure	Calculated 24 Hour Rate	Test Period	Gas -	- MCF Wat	ter — Bbl. Test	Oil C	ravity — API <i>(Corr.)</i>
Flow Tubing Press. 34. Disposition of Gas (35. List of Attachments Deviations 36. I hereby certify that	Casing Pressure	Calculated 24 Hour Rate l, vented, etc.)	Test Period Oil — Bbl. s of this form is	Gas -	- MCF Wat	ter — Bbl. Test	Oil C	avity — API (Corr.)
Flow Tubing Press. 34. Disposition of Gas (35. List of Attachments Deviations 36. I hereby certify that Orig	Casing Pressure (Sold, used for fue	Calculated 24 Hour Rate l, vented, etc.)	Test Period Oil — Bbl. s of this form is	Gas -	- MCF Wat	ter — Bbl. Test	Oil C Witnessed By	ravity — API <i>(Corr.)</i>

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

т.	Anhy	T.	Canyon	T.	Ojo Alamo	т.	Penn. "B"
							Penn. "C"
B.	Salt	T.	Atoka	T.	Pictured Cliffs	Т.	Penn. "D"
T.	Yates	T.	Miss	T.	Cliff House	Т.	Leadville
							Madison
T.	Queen	T.	Silurian	T.	Point Lookout	т.	Elbert
T.	Grayburg	T.	Montoya	T.	Mancos	т.	McCracken
T.	San Andres	T.	Simpson	T.	Gallup	т.	Ignacio Qtzte
T.	Glorieta	T.	McKee	Bas	se Greenhorn	т.	Granite
T.	Paddock	T.	Ellenburger	T.	Dakota	т.	
T.	Blinebry	т.	Gr. Wash	T.	Morrison	т.	
T.	Tubb	т.	Granite	T.	Todilto	т.	
Т.	Abo	Т.	Bone Springs	т.	Wing ate	т.	
					Chinle		
T.	Penn	. T.		Τ.	Permian	. T.	
T	Cisco (Bough C)	T.		Т.	Penn. "A"	Т.	

FORMATION RECORD (Attach additional sheets if necessary)

From	То	Thickness in Feet		Formation		From	То	Thickness in Feet	Formation
0	365	365	Anhydrite	& Red	Bed				
365	1006	641	\$Red Bed						
			·						
	-								
	:								