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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 ☒ GAS WELL ☐ DRY ☐ OTHER

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

7. Unit Agreement Name:

8. Farm or Lease Name: WARD INSALL COM

2. Name of Operator: TENNECO OIL COMPANY

9. Well No.: 2

3. Address of Operator: BOX 1031 MIDLAND, TEXAS

10. Field and Pool, or Wildcat: UNDESIGNATED

4. Location of Well: UNIT LETTER A LOCATED 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE OF SEC. 12 TWP. 9S RGE. 34E NMPM

12. County: LEA

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
9-13-68	10-22-68	12-4-68	4209.6 GR.	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
9865	9829	—	→	0-TD	—

24. Producing Interval(s), of this completion — Top, Bottom, Name: 9784 - 9802 BOUGH C

25. Was Directional Survey Made: NO

26. Type Electric and Other Logs Run: GAMMA RAY NEUTRON LATEROLOG

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	376	17 1/2	350 SX	
8 5/8	32	4048	11	875	
5 1/2	17	9865	7 7/8	260	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 7/8	9750	9750

31. Perforation Record (Interval, size and number): ONE 1/2" JSPF AT 9784; 86; 88; 90; 92; 94; 9896; 98; 9800 AND 9802

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
9784-9802	1000 GALS NE ACID DOUBLE INHIBITOR

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
11-8-68	Pump	PRODUCING

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
12-4-68	24	-		60	50	1360	833

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
-	-		60	50	1360	41

34. Disposition of Gas (Sold, used for fuel, vented, etc.): VENTED

Test Witnessed By: L. WILLIAMS

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 Howard R. Kanrash TITLE SR PROD CLERK DATE 12-5-68

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			
T. Anhy	2190	T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt	2233	T. Strawn		T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt	2658	T. Atoka		T. Pictured Cliffs		T. Penn. "D"	
T. Yates	2740	T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers	2863	T. Devonian		T. Menefee		T. Madison	
T. Queen	3433	T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg	3750	T. Montoya		T. Mancos		T. McCracken	
T. San Andres	3973	T. Simpson		T. Gallup		T. Ignacio Qtzte	
T. Glorieta	5423	T. McKee		Base Greenhorn		T. Granite	
T. Paddock	5625	T. Ellenburger		T. Dakota		T.	
T. Blinebry	6465	T. Gr. Wash		T. Morrison		T.	
T. Tubb	6903	T. Granite		T. Todilto		T.	
T. Drinkard	7048	T. Delaware Sand		T. Entrada		T.	
T. Abo	7722	T. Bone Springs		T. Wingate		T.	
T. Wolfcamp	8985	T.		T. Chinle		T.	
T. Penn. (Borscum)	9475	T.		T. Permian		T.	
T Cisco (Bough C)	9773	T.		T. Penn. "A"		T.	

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
SURFACE	195	195	SURFACE SAND & CALICHE				
195	2190	1995	REDSAND AND SHALE				
2190	2233	43	ANHYDRITE				
2233	2658	425	SALT AND ANHYDRITE				
2658	2740	82	ANHYDRITE				
2740	2863	123	SAND AND ANHYDRITE				
2863	3433	570	DOLOMITE AND ANHYDRITE				
3433	3750	317	SAND AND ANHYDRITE				
3750	3973	223	DOLOMITE AND SAND				
~~379~~							
3973	5423	1450	DOLOMITE & ANHYDRITE				
5423	5625	202	SAND AND ANHYDRITE				
5625	6465	840	DOLOMITE & ANHYDRITE				
6465	6903	438	DOLOMITE				
6903	7048	145	SAND AND DOLOMITE				
7048	7722	674	DOLOMITE				
7722	8985	1263	SHALE, DOLOMITE, ANHYDRITE				
8985	9475	490	LIMESTONE, SHALE, CHERT				
9475	9773	298	" " "				
9773	9835	62	LIMESTONE				

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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISS
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: TENNECO OIL COMPANY

Address: BOX 1031 MIDLAND, TEXAS 79701

Reason(s) for filing *(Check proper box)*
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
WARD INSALL		2	UNDESIGNATED Wadi-Pennsylvanian R-3662	State, Federal or Fee FEE

Location
Unit Letter A ; 660 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 12 Township 9S Range 34E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
MOBIL PIPE LINE CO.	P.O. BOX 633 MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	12	9S	34E	No	UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-13-68	12-4-68	9865	9829
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4209.6 GR.	BOUGH C	9784	9750
Perforations			**Depth Casing Shoe**
ONE JSPF AT (½") 9784;86;88;90;92;94;96;98;9800;02			9865

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	376	350
11	8 5/8	4048	875
7 7/8	5½	9865	260
	2 7/8	9750	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11-8-68	12-4-68	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	-	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
1420	60	1360	50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure**	**Casing Pressure**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Howard R. Kanoski
(Signature)
Sr. Prod. Clk
(Title)
12-5-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATION SURVEY

DEPTH	DEGREE
800	1/2
1182	3/4
1870	1/4
2225	1
2770	1
3200	1/2
3367	3/4
3790	1/4
4445	1/4
4645	1/2
4989	1
5700	3/4
6552	1/2
7450	1/2
7711	1/4
8050	1 1/4
8480	1/2
8727	1/4
9139	3/4
9578	1/4

THE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Howard R Karnack

SWORN TO ME THIS 5TH DAY OF DECEMBER, 1968

Eulene G. Seay

NOTARY PUBLIC IN AND FOR MIDLAND COUNTY, TEXAS