

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>						5. LEASE DESIGNATION AND SERIAL NO. LC-065151									
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>						6. IF INDIAN, ALLOTTEE OR TRIBE NAME									
2. NAME OF OPERATOR Flag-Redfern Oil Company						7. UNIT AGREEMENT NAME									
3. ADDRESS OF OPERATOR P. O. Box 23, Midland, Texas 79701						8. FARM OR LEASE NAME Bilbrey 23									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 801' FWL & 1839' FSL, Sec. 23, T-9-S, R-37-E At top prod. interval reported below Same At total depth Same						9. WELL NO. 1									
14. PERMIT NO.						10. FIELD AND POOL, OR WILDCAT Sawyer (West) San Andres									
DATE ISSUED						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 23, T-9-S, R-37-E									
15. DATE SPUDDED 5-23-73						12. COUNTY OR PARISH Lea									
16. DATE T.D. REACHED 6-1-73						13. STATE New Mexico									
17. DATE COMPL. (Ready to prod.) 6-14-73						18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3980' DF									
19. ELEV. CASINGHEAD 3970						20. TOTAL DEPTH, MD & TVD 5057'									
21. PLUG, BACK T.D., MD & TVD 5040'						22. IF MULTIPLE COMPL., HOW MANY* -									
23. INTERVALS DRILLED BY →						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* San Andres 4964 to 4960'									
25. WAS DIRECTIONAL SURVEY MADE No						26. TYPE ELECTRIC AND OTHER LOGS RUN Sidewall Neutron Porosity & Laterolog									
27. WAS WELL CORED No						28. CASING RECORD (Report all strings set in well)									
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT FULLED					
8-5/8"		24 - J		432'		12-1/4"		250 sx Class H, 2% CaCl		-					
4-1/2"		9.5 - J		5056'		7-7/8"		250 sx Pozmix, 2% gel, 0.75% CFR-2, 8% salt		-					
29. LINER RECORD						30. TUBING RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-3/8"		5018'			
31. PERFORATION RECORD (Interval, size and number) 4964', 67', 71', 73', 80', 82', 84', 86', 90'.						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
						DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED							
						4964-90		2000 gals 20% NE, 3000 gals 15% NE, & 2000 gals 3% NE acid.							
33. PRODUCTION															
DATE FIRST PRODUCTION 6-14-73		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - 2" X 1 1/2" X 12' Insert						WELL STATUS (Producing or shut-in) Producing							
DATE OF TEST 6-20-73		HOURS TESTED 24		CHOKE SIZE -		PROD'N. FOR TEST PERIOD →		OIL—BBL. 61		GAS—MCF. 11.6		WATER—BBL. 43		GAS-OIL RATIO 190	
FLOW. TUBING PRESS. -		CASING PRESSURE -		CALCULATED 24-HOUR RATE →		OIL—BBL. 61		GAS—MCF. 11.6		WATER—BBL. 43		OIL GRAVITY-API (CORR.) 190			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented & used for fuel						TEST WITNESSED BY									
35. LIST OF ATTACHMENTS Well logs & Deviation Survey															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED <u>Byron H. Sosa</u>						TITLE Production Manager		DATE 6-22-73							

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s), (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Socks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, FINE TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
San Andres	4964'	4990'	Oil, Gas, Water

## 38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	2940	2940
San Andres	4210	4210

June 4, 1973

Deviation surveys taken on Flag-Redfern Oil Company's Bilbrey 23-#1,  
Section 23, T-9-S, R-37-E, Lea County, New Mexico.

<u>Depth</u>	<u>Degree</u>
432'	1
927	3/4
1371	1
1865	1
2267	1/2
2767	3/4
3063	1
3700	2
4160	1 3/4
4456	2
4678	2
4826	2
4926	2
5056	2

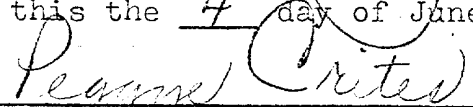
I hereby certify that I have personal knowledge of the data and facts placed on this sheet, and that such information given above is true and complete.

  
Sherman H. Norton, Jr.  
Sitton and Norton Drilling Company

Before me, the undersigned authority, on this day personally appeared Sherman H. Norton, Jr., known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the drilling contractor of the well identified in this instrument and that such well was not intentionally deviated from the vertical whatsoever.

  
Sherman H. Norton, Jr.

Sworn and subscribed to before me, this the 4 day of June, 1973.

  
Pearl Crites  
Notary Public in and for Lubbock County,  
Texas.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-065151	
2. NAME OF OPERATOR Flag-Redfern Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 23, Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 801' FWL & 1839' FSL, Sec. 23, T-9-S, R-37-E		8. FARM OR LEASE NAME Bilbrey 23	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3980' DF		10. FIELD AND POOL, OR WILDCAT Sawyer (West) San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-9-S, R-37-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

## 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)


17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Ran Gamma Ray-Correlation Log. Perforated 4½" casing with one 3/8" jet shot at 4964', 67', 71', 73', 80', 82', 84', 86', 90'. Acidized perforations with 2000 gals. 20% HCL, 3000 gals. 15% HCL, & 2000 gals. 3% HCL in two stages with 200 lbs. benzoic acid flakes between stages. Swabbed to test with recovery of 6 bbls. fluid per hour, cutting 60% oil.

Preparing to set pumping equipment.

18. I hereby certify that the foregoing is true and correct

SIGNED



TITLE

Production Manager

DATE 6-22-73

(This space for Federal or State office use)

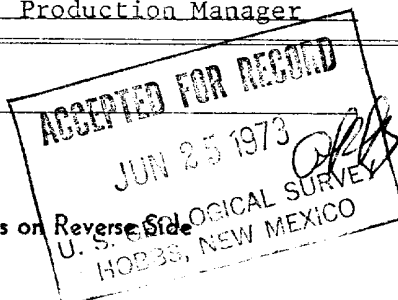
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side



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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-55

Operator Flag-Redfern Oil Company			
Address P. O. Box 23, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/14/73 UNLESS IN ACCORDANCE TO H-4070 IS OBSERVED	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bilbrey 23	Well No. 1	Pool Name, including Formation Sawyer (West) San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. LC-065151
Location Unit Letter <u>L</u> ; <u>801</u> Feet From The <u>West</u> Line and <u>1839</u> Feet From The <u>South</u>				
Line of Section <u>23</u> Township <u>9-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>L</u>	Sec. <u>23</u>	Twp. <u>9-S</u>	Rge. <u>37-E</u>	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 5-23-73	Date Compl. Ready to Prod. 6-14-73		Total Depth 5057'		P.B.T.D. 5040'			
Elevations (DF, RKB, RT, GR, etc.) 3980' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4964'		Tubing Depth 5018'			
Perforations 4964', 67', 71', 73', 80', 82', 84', 86', 90'					Depth Casing Shoe 5040'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		432'		250 sx Class H, 2% CaCl			
7-7/8"	4-1/2"		5056'		250 sx Pozmix			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks 6-14-73	Date of Test 6-20-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 61	Water-Bbls. 43	Gas-MCF 11.6

GAS WELL

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

Bryce H. Drea  
(Signature)  
Production Manager  
(Title)  
6-22-73  
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 73  
BY [Signature]  
TITLE DISTRICT 1

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.