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LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-83

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

1. Initial Type of Lease	State ☐	Fee ☒
2. Initial Oil & Gas Lease No.		

10. TYPE OF WELL	
OIL WELL ☐	GAS WELL ☐ DRY ☒ OTHER ☐
11. TYPE OF COMPLETION	
NEW WELL ☐	WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

3. Initial Agreement Date
4. Name of Lease Owner
Ivey
5. Well No.
1
10. Field and Pool, or Wildcat
Gladiola Devonian

2. Name of Operator
Ammex Petroleum, Inc.
3. Address of Operator
Box 10507 Midland, TX 79702
4. Location of Well

UNIT LETTER <u>J</u>	LOCATED <u>2210</u>	FEET FROM THE <u>South</u> LINE AND <u>2210</u>	FEET FROM
THE East	LINE OF SEC. <u>29</u>	TWP. <u>11S</u>	RGE. <u>38E</u>

11. 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. Casinghead
10/12/82	11/20/82	no completion	3904 GR	--
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	24. Was Directional Survey Made
12,091	--	--	Rotary Tools 0 - TD	no
24. Producing Interval(s), of this completion - Top, Bottom, Name				25. Was Well Cored
none				no
26. Type Electric and Other Logs Run				27. Was Well Cored
none				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"	54.5#	306'	17 1/2"	200 sx P/S, 100 sx "C"	800#
9 5/8"	53.5#	4400'	12 1/2"	800 sx LW, 300 sx "C"	1000#
No production string run					

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					none run		

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
none	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)	
none		none				drv - P&A	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas-Oil Ratio
none	none	none	none	none	none	none	none
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
none	none	none	none	none	none	none	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
none	

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 <u>William J. G...</u>	TITLE <u>Operations Manager</u>	DATE <u>3/27/84</u>