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

Form O-105  
Revised 1-1-65

|                                |                                         |
|--------------------------------|-----------------------------------------|
| 5a. Indicate Type of Lease     |                                         |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5b. State Oil & Gas Lease No.  |                                         |

|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 |                      |                                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|-------------------------|-------------------------------------------------|----------------------|----------------------------------------|-----------------|
| 1a. TYPE OF WELL                                                                                                                                                                                             |                 |                                                                     |                         |                                                 |                      | 7. Unit Agreement Name                 |                 |
| OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                                   |                 |                                                                     |                         |                                                 |                      | 8. Farm or Lease Name                  |                 |
| b. TYPE OF COMPLETION                                                                                                                                                                                        |                 |                                                                     |                         |                                                 |                      | 8. Farm or Lease Name                  |                 |
| NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/> |                 |                                                                     |                         |                                                 |                      | 9. Well No.                            |                 |
| 2. Name of Operator                                                                                                                                                                                          |                 |                                                                     |                         |                                                 |                      | 10. Field and Pool, or Wildcat         |                 |
| Tom L. Ingram                                                                                                                                                                                                |                 |                                                                     |                         |                                                 |                      | Undesignated                           |                 |
| 3. Address of Operator                                                                                                                                                                                       |                 |                                                                     |                         |                                                 |                      | 12. County                             |                 |
| POB 1757, Roswell, New Mexico 88201                                                                                                                                                                          |                 |                                                                     |                         |                                                 |                      | Roosevelt                              |                 |
| 4. Location of Well                                                                                                                                                                                          |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| UNIT LETTER <u>P</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM <u>East</u> LINE OF SEC. <u>26</u> TWP. <u>8-S</u> RGE. <u>35E</u> NMPM                                     |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| 15. Date Spudded                                                                                                                                                                                             |                 | 16. Date T.D. Reached                                               |                         | 17. Date Compl. (Ready to Prod.)                |                      | 18. Elevations (DF, RKB, RT, GR, etc.) |                 |
| 12/15/69                                                                                                                                                                                                     |                 | 1-13-70                                                             |                         |                                                 |                      | 4154 GR                                |                 |
| 20. Total Depth                                                                                                                                                                                              |                 | 21. Plug Back T.D.                                                  |                         | 22. If Multiple Compl., How Many                |                      | 23. Intervals Drilled By               |                 |
| 9840                                                                                                                                                                                                         |                 |                                                                     |                         |                                                 |                      | Rotary Tools<br>Cable Tools<br>→ 0-TD  |                 |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                            |                 |                                                                     |                         |                                                 |                      | 25. Was Directional Survey Made        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 |                      | Totco                                  |                 |
| 26. Type Electric and Other Logs Run                                                                                                                                                                         |                 |                                                                     |                         |                                                 |                      | 27. Was Well Cored                     |                 |
| Sidewall neutron - Laterolog                                                                                                                                                                                 |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| 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#             | 375'                                                                | 17"                     | 350 sacks                                       |                      | circulated                             |                 |
| 8-5/8                                                                                                                                                                                                        | 24-32#          | 4087'                                                               | 11"                     | 250 sacks                                       |                      | 992'                                   |                 |
| 29. LINER RECORD                                                                                                                                                                                             |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| SIZE                                                                                                                                                                                                         | TOP             | BOTTOM                                                              | SACKS CEMENT            | SCREEN                                          | 30. TUBING RECORD    |                                        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 | SIZE                 | DEPTH SET                              | PACKER SET      |
| 31. Perforation Record (Interval, size and number)                                                                                                                                                           |                 |                                                                     |                         | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  |                      |                                        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         | DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED |                      |                                        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 |                      |                                        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 |                      |                                        |                 |
|                                                                                                                                                                                                              |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| 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 and Totco survey                                                                                                                                                                                        |                 |                                                                     |                         |                                                 |                      |                                        |                 |
| 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>Tom L. Ingram</u>                                                                                                                                                                                  |                 | TITLE <u>Operator</u>                                               |                         |                                                 | DATE <u>10/16/72</u> |                                        |                 |

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OIL CONSERVATION COMM.  
HOBBS, N. M.

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.

### Southeastern New Mexico

|                          |      |                        |                             |                        |
|--------------------------|------|------------------------|-----------------------------|------------------------|
| T. Anhy _____            | 2250 | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Salt _____            |      | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| B. Salt _____            |      | T. Atoka _____         | T. Pictured Cliffs _____    | T. Penn. "D" _____     |
| T. Yates _____           | 2780 | T. Miss _____          | T. Cliff House _____        | T. Leadville _____     |
| T. 7 Rivers _____        |      | T. Devonian _____      | T. Menefee _____            | T. Madison _____       |
| T. Queen _____           |      | T. Silurian _____      | T. Point Lookout _____      | T. Elbert _____        |
| T. Grayburg _____        |      | T. Montoya _____       | T. Mancos _____             | T. McCracken _____     |
| T. San Andres _____      | 4005 | T. Simpson _____       | T. Gallup _____             | T. Ignacio Qtzte _____ |
| T. Glorieta _____        | 5470 | T. McKee _____         | Base Greenhorn _____        | T. Granite _____       |
| T. Paddock _____         |      | T. Ellenburger _____   | T. Dakota _____             | T. _____               |
| T. Blinebry _____        |      | T. Gr. Wash _____      | T. Morrison _____           | T. _____               |
| T. Tubb _____            |      | T. Granite _____       | T. Todilto _____            | T. _____               |
| T. Drinkard _____        |      | T. Delaware Sand _____ | T. Entrada _____            | T. _____               |
| T. Abo _____             | 7770 | T. Bone Springs _____  | T. Wingate _____            | T. _____               |
| T. Wolfcamp _____        | 9012 | T. _____               | T. Chinle _____             | T. _____               |
| T. Penn. _____           | 9598 | T. _____               | T. Permian _____            | T. _____               |
| T. Cisco (Bough C) _____ | 9764 | T. _____               | T. Penn. "A" _____          | T. _____               |

## Northwestern New Mexico

FORMATION RECORD (Attach additional sheets if necessary)

| From | To | Thickness<br>in Feet | Formation | From | To | Thickness<br>in Feet | Formation |
|------|----|----------------------|-----------|------|----|----------------------|-----------|
|      |    |                      |           |      |    |                      |           |

st. #1: 9730-9790; open 60 minutes; recovered 100' of gas cut mud. Initial hydrostatic 55  
60 minute FCIP - 515; IF58, FF61, 60 minute FCIP 291, final hydrostatic 5468 .

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OIL CONSERVATION COMM.  
HOBBO, N. M.