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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-8605-26

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>WATER INJ. WELL</u>	7. Unit Agreement Name ROCK QUEEN UNIT
b. TYPE OF COMPLETION NEW <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <u>PLUGGED</u>	8. Farm or Lease Name TRACT NO. 7
2. Name of Operator GREAT WESTERN DRILLING COMPANY	9. Well No. 22-12
3. Address of Operator P. O. BOX 1659 MIDLAND TX 79701	10. Field and Pool, or Wildcat CAPROCK QUEEN
4. Location of Well	

UNIT LETTER <u>L</u> LOCATED <u>1650</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>990</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>22</u> TWP. <u>13-S</u> RGE. <u>31-E</u> NMPM	12. County CHAVES
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15. Date Spudded 4-30-55	16. Date T.D. Reached 6-23-55	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.) DF 4270'	19. Elev. Casinghead
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20. Total Depth 2881'	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled by Rotary Tools 0-2881'	Cable Tools
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24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made NO
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26. Type Electric and Other Logs Run	27. Was Well Cored NO
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28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	new	126'	?	100 sx	NONE
5 1/2"	new	2881'	?	100 sx	1023.62'

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number) Perfs: 2864'-2869' 2857'-2864'	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) PLUGGED	
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
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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>21. Ballard</u>	TITLE <u>General Superintendent</u>	DATE <u>2-17-76</u>