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LAND OFFICE	
OPERATOR	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
b. TYPE OF COMPLETION 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"/>		8. Farm or Lease Name <u>Marshall</u>	
2. Name of Operator <u>Marshall Oil Company</u>		9. Well No. <u>2</u>	
3. Address of Operator <u>3206 Republic Bank Tower Dallas, Texas</u>		10. Field and Pool, or Wildcat <u>Marshall (see annex)</u>	
4. Location of Well UNIT LETTER <u>Q</u> LOCATED <u>1650</u> FEET FROM THE <u>West</u> LINE AND <u>2310</u> FEET FROM <u>Chaves</u>		12. County	
THE <u>North</u> LINE OR SEC. <u>6</u> TWP. <u>2-S</u> RGE. <u>30-E</u> NMPM		18. Elevations (DF, RKB, RT, GR, etc.) <u>1114 DF</u>	
15. Date Spudded <u>6-17-76</u>	16. Date T.D. Reached <u>6-21-76</u>	17. Date Compl. (Ready to Prod.) <u>7-12-76</u>	19. Elev. Casinghead <u>1101</u>
20. Total Depth <u>3390</u>	21. Plug Back T.D. <u>3377</u>	22. If Multiple Compl., How Many <u>1</u>	23. Intervals Drilled By <u>0-3390</u>
24. Producing Interval(s), of this completion - Top, Bottom, Name <u>3285-3351</u>			25. Was Directional Survey Made <u>U</u>
26. Type Electric and Other Logs Run <u>Velox 2-M Cards</u>			27. Was Well Cored <u>U</u>
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	AMOUNT PULLED
<u>8 5/8</u>	<u>24</u>	<u>1030 2.3</u>	<u>300</u>
<u>1 1/2</u>	<u>13.5</u>	<u>3390</u>	<u>175</u>
29. LINER RECORD			
SIZE	TOP	BOTTOM	PACKER SET
			<u>2</u>
30. TUBING RECORD			
SIZE	DEPTH SET	PACKER SET	
<u>2</u>	<u>3320</u>		
31. Perforation Record (Interval, size and number) <u>3285-3351 13 3/4" holes</u>		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED	
<u>3285-3351</u>		<u>6000 gals. 28% acid</u>	
33. PRODUCTION			
Date First Production <u>7-12-76</u>	Production Method (Flowing, gas lift, pumping - Size and type pump) <u>Flowing</u>		Well Status (Prod. or Shut-in) <u>Prod.</u>
Date of Test <u>7-12-76</u>	Hours Tested <u>24</u>	Choke Size <u>81</u>	Prod'n. For Test Period <u>81</u>
Flow Tubing Press.	Casing Pressure	Oil - Bbl.	Gas - MCF
		<u>26</u>	<u>26</u>
	Calculated 24-Hour Rate	Water - Bbl.	Oil Gravity - API (Corr.)
		<u>1.7</u>	<u>23</u>
34. Disposition of Gas (Sold, used for fuel, vented, etc.) <u>vented</u>			Test Witnessed By <u>A. Freedman</u>
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>A. G. Freedman</u>		TITLE <u>Prod. Engr</u>	DATE <u>7-14-76</u>

# 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 <u>885</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt <u>775</u>	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt <u>1330</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>1105</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>1510</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>2170</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>2590</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	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 _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

## FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	885	885	red ls				
885	1330	445	salt				
1330	2590	1260	sand, arg. line				
2590	3190	600	gols				
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# M-G-F DRILLING Co., INC.

7TH FLOOR, VAUGHN BUILDING

MIDLAND, TEXAS 79701

915 - 684-7173

## INCLINATION REPORT

### OPERATOR:

Wolfson Oil Company  
311 Midland National Bank  
Midland, Texas 79701

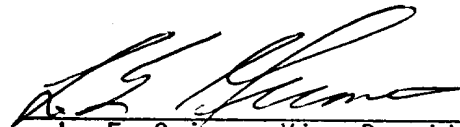
### LOCATION:

Marshall #2  
Chaves County, New Mexico

Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
500	1/2						
818	3/4						
1020	3/4						
1380	3/4						
1550	3/4						
2000	1/4						
2423	1/2						
2620	1/2						
2932	1/2						
3390 TD	1/2						

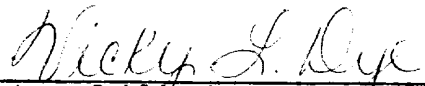
STATE OF TEXAS  
COUNTY OF MIDLAND

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.



L. E. Grimes, Vice President, Manager

SUBSCRIBED AND SWORN TO BEFORE ME this the 29 day of June, 19 76.



Notary Public in and for Midland County,  
Texas.

My Commission Expires:  
June 1, 1977

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U. S. CONSERVATION COMMISSION  
HOODS, W. M.

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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 1-1-65

I. Operator  
**Wolfson Oil Company**

Address  
**3206 Republic Bank Tower Dallas, Texas**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOW BE FLARED AFTER 9-12-76 UNLESS AN EXCEPTION TO A-100 IS OBTAINED</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
	Dry 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 <b>Marshall</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Cato (San Andres)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>G</b> ; <b>1660</b> Feet From The <b>East</b> Line and <b>2310</b> Feet From The <b>North</b> Line of Section <b>6</b> Township <b>9-S</b> Range <b>30-E</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Perdian</b>	Address (Give address to which approved copy of this form is to be sent) <b>Idland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>ONE</b>	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 <b>6</b>	Sec. <b>9-S</b>
	Twp. <b>30-E</b>	Rge. <b>30-E</b>
	Is gas actually connected? <input type="checkbox"/>	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>6-17-76</b>	Date Compl. Ready to Prod. <b>7-12-76</b>		Total Depth <b>3390</b>		P.B.T.D. <b>3377</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>1111</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>3285</b>		Tubing Depth <b>3320</b>			
Perforations <b>3285-3351</b>					Depth Casing Shoe <b>3390</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11 7/8</b>	CASING & TUBING SIZE <b>8 5/8</b>		DEPTH SET <b>10 23</b>		SACKS CEMENT <b>300</b>			

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 <b>7-12-76</b>	Date of Test <b>7-12-76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Surp</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>131</b>	Oil - Bbls. <b>84</b>	Water - Bbls. <b>1.7</b>	Gas - MCF <b>26</b>

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.

**W. B. Dineen**  
(Signature)  
**Prod. Engr**  
(Title)  
**7-14-76**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **1976**, 19\_\_\_\_  
BY **Supervisor**  
TITLE **SUPERVISOR DISTRICT I**

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.

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