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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 ☐ Fee ☒  
5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____		7. Unit Agreement Name <b>None</b>
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____		8. Farm or Lease Name <b>Scott R. Brown</b>
2. Name of Operator <b>Southern Petroleum Exploration, Inc.</b>		9. Well No. <b>1</b>
3. Address of Operator <b>P. O. Box 1434, Roswell, New Mexico 88201</b>		10. Field and Pool, or Wildcat <b>Wildcat</b>

4. Location of Well  
UNIT LETTER **H** LOCATED **1980** FEET FROM THE **North** LINE AND **660** FEET FROM  
THE **East** LINE OR SEC. **30** TWP. **4-N** RGE. **29-E** NMPM  
12. County  
**Roosevelt**

15. Date Spudded <b>8-15-70</b>	16. Date T.D. Reached <b>8-19-70</b>	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.) <b>4480 GR</b>	19. Elev. Casinghead
20. Total Depth <b>2775'</b>	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By <b>Rotary Tools</b> <b>0 - 2775</b>	Cable Tools
24. Producing Interval(s), of this completion — Top, Bottom, Name				25. Was Directional Survey Made <b>Yes</b>

26. Type Electric and Other Logs Run <b>Gamma Ray-Sonic, No. 9 Laterolog, Microlaterolog, Sidewall Neutron</b>					27. Was Well Cored <b>No</b>
28. CASING RECORD (Report all strings set in well)					
CASING SIZE <b>8-5/8"</b>	WEIGHT LB./FT. <b>20#</b>	DEPTH SET <b>312'</b>	HOLE SIZE <b>12-1/4"</b>	CEMENTING RECORD <b>200 sacks</b>	AMOUNT PULLED <b>None</b>

29. LINER RECORD					30. TUBING RECORD		
SIZE <b>None</b>	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE <b>None</b>	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) <b>Plugged</b>	
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  
**Gamma Ray-Sonic, No. 9 Laterolog, Microlaterolog, Sidewall Neutron plus Deviation**

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. **Survey**  
SIGNED **W.E. Smith** TITLE **District Manager** DATE **August 26, 1970**