

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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.
L-2159

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name
None

8. Farm or Lease Name
State L

9. Well No.
1

10. Field and Pool, or Wildcat
Wildcat

2. Name of Operator
Southern Petroleum Exploration, Inc.

3. Address of Operator
P. O. Box 1434, Roswell, New Mexico 88201

4. Location of Well
UNIT LETTER **D** LOCATED **660** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE OF SEC. **5** TWP. **1-N** RGE. **29-E** NMPM

12. County
Roosevelt

15. Date Spudded **8-21-70** 16. Date T.D. Reached **8-26-70** 17. Date Compl. (Ready to Prod.) _____ 18. Elevations (DF, RKB, RT, GR, etc.) **4296 GR** 19. Elev. Casinghead _____

20. Total Depth **2783** 21. Plug Back T.D. _____ 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By **Rotary Tools** **0-2783** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name _____ 25. Was Directional Survey Made **Yes**

26. Type Electric and Other Logs Run **Gamma Ray-Sonic, No. 9 Laterolog, Microlaterolog & Sidewall Neutron** 27. Was Well Cored **No**

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"	20#	328'	12-1/4"	200 sacks	None

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					None		

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 **None** 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 _____

35. List of Attachments
Gamma Ray-Sonic, No. 9 Laterolog, Mircolaterolog, Sidewall Neutron, 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. **Affadavit**

SIGNED *[Signature]* TITLE **District Manager** DATE **Sept. 3, 1970**

CONFIDENTIAL