

NO. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-105  
Revised 11-1-68

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5b. 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 <input type="checkbox"/>
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"/>

7. Unit Agreement Date
8. Name of Lease Owner
Ashbrook
9. Well No.
1
10. Field and Pool, or Wildcat
Wildcat

2. Name of Operator	
Aminco USA, Inc.	
3. Address of Operator	
600 Western United Life Bldg., Midland, Texas 79701	

4. Location of Well	
UNIT LETTER <u>B</u>	LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM
THE <u>East</u> LINE OF SEC. <u>29</u> TWP. <u>6-S</u> RGE. <u>38-E</u> NMPM	11. County
	Roosevelt

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
6-17-78	6-29-78	Plugged July 1, 1978	3954 Gr.	
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	24. Cable Tools
4337'	Surface	N/A	Rotary Tools 0-4337'	

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
None	No

26. Type Electric and Other Logs Run	27. Was Well Cored
Dual Laterolog/Micro-SFL, CNL/FDL, Gamma ray	Yes

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"	24	411'	12-1/4"	300 sks Class "C" Cement to surface	None

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None							

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
None		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
		None	

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
N/A		N/A				Plugged	
Date of Test	Hours Tested	Shut-In Time	Flow Rate	Oil - Pbl.	Gas - MCF	Water - Pbl.	Gas - Oil Ratio
N/A	-	-	-	-	-	-	-
Flow Tubing Press.	Casing Pressure	Artificially Induced Flow Rate	Oil - Pbl.	Gas - MCF	Water - Pbl.	Oil Gravity - API (Corr.)	
N/A	-	-	-	-	-	-	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
N/A	-

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>Sammy R. Morgan</u>	TITLE <u>Drilling Engineer</u>	DATE <u>July 17, 1978</u>

This form is to be filed with the appropriate District Office of the Commission not later than 10 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs on the well, and a summary of all special tests conducted, including inflow tests. All depths reported shall be measured by this. 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 triplicate except on state land, where six copies are required. See Rule 11.5.

### Southeastern New Mexico

T. Anhy _____	T. Canyon _____
T. Salt <u>1900</u>	T. Strawn _____
B. Salt <u>2110</u>	T. Atoka _____
T. Yates <u>2267</u>	T. Miss _____
T. 7 Rivers _____	T. Devonian _____
T. Queen <u>2944</u>	T. Silurian _____
T. Grayburg _____	T. Montoya _____
T. San Andres <u>3371</u>	T. Simpson _____
T. Glorieta _____	T. McKee _____
T. Paddock _____	T. Ellenburger _____
T. Blinbry _____	T. Gr. Wash _____
T. Tubb _____	T. Granite _____
T. Drinkard _____	T. Delaware Sand _____
T. Abo _____	T. Bone Springs _____
T. Wolfcamp _____	T. _____
T. Penn. _____	T. _____
T. Cisco (Bough C) _____	T. _____

### Northwestern New Mexico

T. Ojo Alamo _____	T. Penn. "B" _____
T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Pictured Cliffs _____	T. Penn. "D" _____
T. Cliff House _____	T. Leadville _____
T. Menefee _____	T. Madison _____
T. Point Lookout _____	T. Elbert _____
T. Mancos _____	T. McCracken _____
T. Gallup _____	T. Ignacio Qizte _____
Base Greenhorn _____	T. Granite _____
T. Dakota _____	T. _____
T. Morrison _____	T. _____
T. Todilto _____	T. _____
T. Entrada _____	T. _____
T. Wingate _____	T. _____
T. Chinle _____	T. _____
T. Permian _____	T. _____
T. Penn. "A" _____	T. _____

No. 1, from None to \_\_\_\_\_ No. 4, from \_\_\_\_\_ to \_\_\_\_\_  
No. 2, from \_\_\_\_\_ to \_\_\_\_\_ No. 5, from \_\_\_\_\_ to \_\_\_\_\_  
No. 3, from \_\_\_\_\_ to \_\_\_\_\_ No. 6, from \_\_\_\_\_ to \_\_\_\_\_

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet. ....

No. 2, from.....to.....feet. ....

No. 3, from.....to.....feet. ....

No. 4, from.....to.....feet. ....

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
2267	2944	677	Yates				
2944	3374	430	Queen				
3371	4337	966	San Andres				

RAILROAD COMMISSION OF ~~TEXAS~~ New Mexico  
OIL AND GAS DIVISION

Form W-2  
Rev. 6/30/75

<b>OIL WELL POTENTIAL TEST COMPLETION OR RECOMPLETION REPORT AND LOG</b>		7. RRC District
		8. RRC Lease Number
1. FIELD NAME (as per RRC Records or Wildcat) <b>Wildcat</b>	2. LEASE NAME <b>Ashbrook</b>	9. Well Number <b>1</b>
3. OPERATOR <b>Aminoil USA, Inc.</b>		10. County <b>Roosevelt</b>
4. ADDRESS <b>600 West ern United Life Building, Midland, Texas 79701</b>		11. Purpose of Test Initial Potential <input type="checkbox"/>
5. If Operator has changed within last 60 Days -- Give former Operator		Retest <input type="checkbox"/>
6a. LOCATION (Section, Block, and Survey) <b>B, Sec. 29, T6S, R38E</b>	6b. Distance and Direction to nearest town in this county. <b>2 miles Southeast of Lingo</b>	Reclass <input type="checkbox"/>
12. If Workover -- Give former Field (with Reservoir)	13. Type of Electric or other Log run	14. Completion Date

Section I

POTENTIAL TEST DATA

15. Date of Test	16. No. of Hours Tested	17. Production Method (Flowing, Gas Lift, Jetting, Pumping - Size & Type of Pump)			18. Choke Size
19. Production During Test Period <b>////</b>	Oil - BBLs	Gas - MCF	Water - BBLs	Gas - Oil Ratio	Flowing Tubing Pressure PSI
20. Calculated 24 Hour Rate <b>////</b>	Oil - BBLs	Gas - MCF	Water - BBLs	Oil Gravity - API - 60°	Casing Pressure PSI
21. Was Swab or Artificial Flowing Device Used During this Test? Yes <input type="checkbox"/> No <input type="checkbox"/>		22. Oil Produced Prior to Test (New & Reworked Wells)			23. Injection Gas-Oil Ratio

NOTE: TEST SHOULD BE FOR 24 HOURS UNLESS OTHERWISE SPECIFIED IN FIELD RULES

INSTRUCTIONS: All potential test Forms, with all information requested thereon filled in, shall be filed in the District Office of the Railroad Commission not later than ten (10) days after the test is completed and, should the operator fail to file potential test in an acceptable Form within the ten (10) days as specified, then the effective date of the allowable resulting from such test shall not extend back more than ten (10) days prior to receipt and acceptance of the potential test Form in the District Office. This Ten-Day provision shall govern regardless of whether the potential test is taken during the month in which it is received in the District Office or any prior month. Fill in only the front of this Form when reporting only a potential test; if well is newly completed or recompleted, fill in reverse side also.

EACH WITNESS MUST PERSONALLY SIGN.

We, the undersigned, witnessed this test, by observation of meter readings, or the top and bottom gauges of each tank, whichever is applicable, into which production was run during duration of this test.

Signature: ~~REPRESENTATIVE OF COMPANY MAKING TEST~~

List of Offset Operators Notified and Date Notified:

Signature: REPRESENTATIVE OF RAILROAD COMMISSION

List of Offset Operators Notified and Date Notified:

*Henrietta Fierro*

Henrietta Fierro, Notary Public in and for Midland Co., Texas - September 30, 1978

My Commission expires:

An inclination survey has been run in accordance with Statewide Rule 11 and the results are available upon request. Maximum horizontal displacement was **73.03** feet at a measured depth of **4337'** feet.

*Frances J. Hanson*  
Signature of Authorized Representative

**V & B Drilling Company**  
Name of Company Conducting Survey

I have knowledge that the cementing operations, as reflected by the information found on the reverse side of this form, were performed as indicated by such information.

Signature of Cementer or Authorized Representative

Name of Cementing Company

CERTIFICATE:

I declare under penalties prescribed in Article 6036c, R. C. S., that I am authorized to make this report, that this report was prepared by me or under my supervision and direction and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

*Sammy N. Morgan*  
REPRESENTATIVE OF COMPANY

**Drilling Engineer**  
TITLE

**July 13, 1978**  
DATE

RECEIVED

JUL 18 1978

CH. OF ... COMM.  
... N. M.