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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
DEC 3 11 43 AM '65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 735	

1a. TYPE OF WELL	
OIL WELL <input type="checkbox"/>	GAS WELL <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 checked="" type="checkbox"/> Plug and Abandon

7. Unit Agreement Name
8. Farm or Lease Name State Lea 735
9. Well No. 2
10. Field and Pool, or Wildcat Dean Permo-Penn

2. Name of Operator Sinclair Oil & Gas Company
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico

4. Location of Well	
UNIT LETTER 0	LOCATED 560 FEET FROM THE South LINE AND 1980 FEET FROM THE East
LINE OR SEC. 23	TWP. 15S RGE. 36E NMPM

12. County Lea

15. Date Spudded 5-7-56	16. Date T.D. Reached 9-3-56	17. Date Compl. (Ready to Prod.) P&A	18. Elevations (DF, RKB, RT, GR, etc.) 3868' Surface	19. Elev. Casinghead
20. Total Depth 11,750'	21. Plug Back T.D. 11,740'	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools 0-11,750'	Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name P&A	25. Was Directional Survey Made
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26. Type Electric and Other Logs Run	27. Was Well Cored
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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
5-1/2"CD	17&20#	11,750'	8-3/4"	400 sacks	8,996'
9-5/8"OD	36&40#	4,980'	12-1/2"	2400 sacks	None
13-3/8"OD	48#	319'	17-1/4"	350 sacks	None

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
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	Production Method (Flowing, gas lift, pumping - Size and type pump)					Well Status (Prod. or Shut-in)	
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>[Signature]</u>	TITLE <u>Superintendent</u>	DATE <u>12-2-65</u>

Orig&2cc: CCC Hobbs, cc: State Land Office, cc: Regional Office, cc: file