

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

SEP 9 11 24 AM '65

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-1635

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

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER **Plug & Abandon**

2. Name of Operator
Sinclair Oil & Gas Company

3. Address of Operator
P. O. Box 1920, Hobbs, New Mexico

7. Unit Agreement Name
State Lea 405

8. Farm or Lease Name
State Lea 405

9. Well No.
1

10. Field and Pool, or Wildcat
South Vacuum Bone Springs

4. Location of Well
UNIT LETTER **C** LOCATED **660** FEET FROM THE **North** LINE AND **1920** FEET FROM **West**

THE **West** LINE OF SEC. **27** TWP. **18S** RGE. **35E** NMPM **Lea** Co.

15. Date Spudded **12-8-57** 16. Date T.D. Reached **5-23-58** 17. Date Compl. (Ready to Prod.) **6-4-58** 18. Elevations (DF, RKB, RT, GR, etc.) **3893'** 19. Elev. Casinghead

20. Total Depth **11,783'** 21. Plug Back T.D. **8716'** 22. If Multiple Compl., How Many **-** 23. Intervals Drilled By Rotary Tools **1192-11,783'** Cable Tools **0-1192'**

24. Producing Interval(s), of this completion - Top, Bottom, Name
8649-8681' Bone Springs (Plugged and Abandoned)

25. Was Directional Survey Made **Yes**

26. Type Electric and Other Logs Run _____ 27. Was Well Cored **Yes**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"OD	35.6	325'	15-1/2"	400	None
9-5/8"	36.40	4990'	12-1/4"	1900	None
7"	26.29&32	11783'	8-3/4"	300	5100'

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
None				

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
P&A

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) **Plugged and Abandoned**

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 _____

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 [Signature] TITLE **Superintendent** DATE **9-8-65**

Orig&2cc; OCG, Hobbs, cc: Mr.REC, cc: State Land Office, cc: file

