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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 <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |                                         |

|                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                       |                                        |                                                            |                             |                                                         |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|-----------------------------|---------------------------------------------------------|------------------------------|
| 6. TYPE OF WELL <b>Reclass from water well to oil well</b>                                                                                                                                                                                                                                                                                                 |                             |                                                                                       |                                        |                                                            |                             | 7. Unit Agreement Name                                  |                              |
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/><br>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"/> |                             |                                                                                       |                                        |                                                            |                             | 8. Farm or Lease Name                                   |                              |
| 9. Name of Operator<br><b>Tom Schneider</b>                                                                                                                                                                                                                                                                                                                |                             |                                                                                       |                                        |                                                            |                             | 9. Well No.<br><b>7</b>                                 |                              |
| 10. Address of Operator<br><b>509 West Texas, Midland, Texas 79701</b>                                                                                                                                                                                                                                                                                     |                             |                                                                                       |                                        |                                                            |                             | 13. Field and Pool, on which<br><b>Hobbs (Ogallala)</b> |                              |
| 11. Location of Well                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                       |                                        |                                                            |                             | 12. County                                              |                              |
| UNIT LETTER <b>F</b> LOCATED <b>2590</b> FEET FROM THE <b>N</b> LINE AND <b>2590</b> FEET FROM                                                                                                                                                                                                                                                             |                             |                                                                                       |                                        |                                                            |                             | <b>Lea</b>                                              |                              |
| 15. Date Spudded<br><b>12-16-65</b>                                                                                                                                                                                                                                                                                                                        |                             | 16. Date T.D. Reached<br><b>12-17-65</b>                                              |                                        | 17. Date Compl. (Ready to Prod.)<br><b>12-19-65</b>        |                             | 18. Elevations (DF, RKB, RT, GR, etc.)<br><b>-</b>      |                              |
| 19. Elev. Casinghead<br><b>-</b>                                                                                                                                                                                                                                                                                                                           |                             | 20. Total Depth<br><b>37</b>                                                          |                                        | 21. Plug Back T.D.<br><b>-</b>                             |                             | 22. If Multiple Compl., How Many<br><b>None</b>         |                              |
| 23. Intervals Drilled By<br><b>Rotary Tools</b>                                                                                                                                                                                                                                                                                                            |                             | 24. Intervals Drilled By<br><b>Cable Tools</b>                                        |                                        | 25. Was Directional Survey Made<br><b>No</b>               |                             | 26. Type Electric and Other Logs Run<br><b>None</b>     |                              |
| 27. Was Well Cored<br><b>No</b>                                                                                                                                                                                                                                                                                                                            |                             | 28. Casing Record (Report all strings set in well)                                    |                                        |                                                            |                             |                                                         |                              |
| CASING SIZE                                                                                                                                                                                                                                                                                                                                                | WEIGHT LB. FT.              | DEPTH SET                                                                             | HOLE SIZE                              | CEMENTING RECORD                                           |                             | AMOUNT PULLED                                           |                              |
| <b>7"</b>                                                                                                                                                                                                                                                                                                                                                  | <b>24#</b>                  | <b>19</b>                                                                             | <b>8"</b>                              | <b>1-1/2 yrd</b>                                           |                             | <b>None</b>                                             |                              |
| 29. LINER RECORD                                                                                                                                                                                                                                                                                                                                           |                             |                                                                                       |                                        | 30. TUBING RECORD                                          |                             |                                                         |                              |
| SIZE                                                                                                                                                                                                                                                                                                                                                       | TOP                         | BOTTOM                                                                                | SACKS CEMENT                           | SCREEN                                                     | SIZE                        | DEPTH SET                                               | PACKER SET                   |
|                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                       |                                        |                                                            | <b>2 3/8</b>                | <b>30'</b>                                              |                              |
| 31. Production Logs (Interval, size and number)<br><b>OH 19'-37'</b>                                                                                                                                                                                                                                                                                       |                             |                                                                                       |                                        | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.             |                             |                                                         |                              |
| DEPTH INTERVAL                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                       |                                        | AMOUNT AND KIND MATERIAL USED                              |                             |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                       |                                        | <b>None - Natural</b>                                      |                             |                                                         |                              |
| 33. PRODUCTION                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                       |                                        | 34. Disposition of Gas (Sold, used for fuel, vented, etc.) |                             |                                                         |                              |
| Date First Production<br><b>12-19-65</b>                                                                                                                                                                                                                                                                                                                   |                             | Production Method (Flowing, gas lift, pumping - Size and type pump)<br><b>Pumping</b> |                                        | Well Status (Prod. or Shut-in)<br><b>Prod.</b>             |                             |                                                         |                              |
| Date of Test<br><b>12-19-65</b>                                                                                                                                                                                                                                                                                                                            | Hours Tested<br><b>24</b>   | Choke Size                                                                            | Prod'n. For Test Period<br><b>5.34</b> | Oil - Bbl.<br><b>Nil</b>                                   | Gas - MCF<br><b>5.34</b>    | Water - Bbl.<br><b>5.34</b>                             | Gas-Oil Ratio<br><b>25.5</b> |
| Flow Tubing Press.<br><b>0</b>                                                                                                                                                                                                                                                                                                                             | Casing Pressure<br><b>0</b> | Calculated 24-Hour Rate<br><b>5.34</b>                                                | Oil - Bbl.<br><b>Nil</b>               | Gas - MCF<br><b>5.34</b>                                   | Water - Bbl.<br><b>5.34</b> | Oil Gravity - API (Corr.)<br><b>25.5</b>                |                              |
| 35. List of Attachments<br><b>None</b>                                                                                                                                                                                                                                                                                                                     |                             |                                                                                       |                                        |                                                            |                             | Test Witnessed By                                       |                              |

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

TITLE **Partner & Agent**

DATE **Dec. 15, 1967**

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-dilled or reopened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. 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 quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

**T. Ogallala 28'** Southeastern New Mexico

Northwestern New Mexico

|                          |                        |                             |                         |
|--------------------------|------------------------|-----------------------------|-------------------------|
| T. Anhy _____            | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____      |
| T. Salt _____            | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____      |
| T. Salt _____            | T. Atoka _____         | T. Pictured Cliffs _____    | T. Penn. "D" _____      |
| T. Yates _____           | T. Miss _____          | T. Cliff House _____        | T. Leadville _____      |
| T. 7 Rivers _____        | T. Devonian _____      | T. Menefee _____            | T. Madison _____        |
| T. Queen _____           | T. Silurian _____      | T. Point Lookout _____      | T. Elbert _____         |
| T. Grayburg _____        | T. Montoya _____       | T. Mancos _____             | T. McCracken _____      |
| T. San Andres _____      | T. Simpson _____       | T. Gallup _____             | T. Ignacio Qtzite _____ |
| T. Glorieta _____        | T. McKee _____         | Base Greenhorn _____        | T. Granite _____        |
| T. Paddock _____         | T. Ellenburger _____   | T. Dakota _____             | T. _____                |
| T. Blinberry _____       | T. Cr. Wash _____      | T. Morrison _____           | T. _____                |
| T. Tubb _____            | T. Granite _____       | T. Todilto _____            | T. _____                |
| T. Drinkard _____        | T. Delaware Sand _____ | T. Entrada _____            | T. _____                |
| T. Abo _____             | T. Lone Springs _____  | T. Wingate _____            | T. _____                |
| T. Wolfcamp _____        | T. _____               | T. Chinle _____             | T. _____                |
| T. Penn. _____           | T. _____               | T. Permian _____            | T. _____                |
| T. Cisco (Bough C) _____ | T. _____               | T. Penn. "A" _____          | T. _____                |

## FORMATION RECORD (Attach additional sheets if necessary)

| From | To | Thickness<br>in Feet | Formation                     | From | To | Thickness<br>in Feet | Formation |
|------|----|----------------------|-------------------------------|------|----|----------------------|-----------|
| 0    | 2  | 2                    | Soil & Rock                   |      |    |                      |           |
| 2    | 4  | 2                    | Rock                          |      |    |                      |           |
| 4    | 15 | 11                   | Caliche                       |      |    |                      |           |
| 15   | 24 | 9                    | Sandy Shale                   |      |    |                      |           |
| 24   | 27 | 3                    | Sandy Shale<br>& Caliche Rock |      |    |                      |           |
| 27   | 28 | 1                    | Sandy Shale<br>& Sand Rock    |      |    |                      |           |
| 28   | 37 | 9                    | Sand                          |      |    |                      |           |