Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: Roswell, N. M. 01177-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

8. FARM OR LEASE NAME: Buffalo Unit

2. NAME OF OPERATOR: TEXO OIL COMPANY

9. WELL NO.: 13

3. ADDRESS OF OPERATOR: 728 First Wichita National Bldg., Wichita Falls, Texas

10. FIELD AND POOL, OR WILDCAT: South Corbin Queen

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1650' fr North & East lines of Sec. 34, T-18S, R-33E
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 34, T-18S, R-33E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	7/2/68	Lea	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7/4/68	7/15/68	10/18/68	3784 GL; 3796 DF	3797 KB

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
4630 (drlr.)			→	0 - T.D.	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4503 - 4511; 4520 - 4528 (Md and TVD)

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Welex Gamma Ray

27. WAS WELL CORED: yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8	32	250	12 1/4	240 sx. cement	--
4 1/2	9.5	4630	7 7/8	300 sx. cement	--

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)
Perf. 4503-4511; 4520 - 4528
with 18 1/2" Welex Jets

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4503-4511	Fraced w/36,000# sand 20-40
4520-4528	40,782 gal. lease crude, 2000 gal. 15% NE Acid w/20 balls

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
10/18/68	Flowing	producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/18/68	24	20/64		12	48	-0-	400 - 1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
110	180		12	48	-0-	33 to 60

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)
Presently vented - connections being arranged

TEST WITNESSED BY

35. LIST OF ATTACHMENTS
Welex Gamma-Collar Perforation Record; Core Analysis Report

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [signature] TITLE Agent DATE 10/23/68

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Core No. 1	4505 - 4548, recovered 43 feet		2' light gray, anhydritic sand, laminated stain; 3' red and gray sand, stained and showing some cross-bedding; 1' light gray, shaly sand, thinly laminated; 4' light gray sand, stained; 7' gray, shaly sand with dolomitic streaks, no show; 9' light gray sand, partly shaly but with spotted stain; 2' light gray, shaly sand, with thin laminations; no show. 6' light gray dolomite, with thin shale breaks; 4' dark gray, shaly sand, no show; 2' dolomite; 1' shaly sand; 2' dolomite, with shale breaks

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Top of Queen	4243	
Top of Penrose	4498	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

ONE COPY _ST BE FILED WITH EACH COMPLETION _PORT

Field Name South Corbin Queen County Lea Co., New Mexico XXXXXXXXXXXX

Operator TEXO OIL COMPANY Address 728 1st. Wichita Nat'l Bldg. City Wichita Falls, Texas

Lease Name & No. Buffalo Unit Well No. 13 Survey Sec. 34, T-18S, R-33E

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
268	0° 30'	2.33	2.33
770	0° 45'	6.57	8.90
1590	0° 30'	7.13	16.03
2260	1° 45'	20.43	36.46
2998	0° 45'	9.66	46.12
3632	0° 45'	8.30	54.42
3945	1° 15'	6.82	61.24
4190	1°	4.28	65.52
4630	0° 45'	5.76	71.28

Total Displacement 71.28

Was survey run in Tubing ______ Casing X Open Hole ______
Distance to nearest lease line ______ feet
Distance to lease lines as prescribed by field rules ______ feet

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

[signature]
Signature

TEXO OIL COMPANY
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared Gladys Boyd, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever. (XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX).

[signature] Office Manager
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 22 day of October, 19 68 .

[signature] Betty Wolford

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
TEXO OIL COMPANY

Address
728 First Wichita National Bldg., Wichita Falls, Texas

Reason(s) for filing *(Check proper box)*

New Well	X	Change in Transporter of:			
Recompletion		Oil	X	Dry Gas	
Change in Ownership	X	Casinghead Gas		Condensate	

Other *(Please explain)*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Buffalo Unit	**Unit 11922**	**13**	**South Corbin-Queen**	State, Federal or Fee **Federal**

Location
Unit Letter **G** ; **1650** Feet From The **North** Line and **1650** Feet From The **East**

Line of Section **34** Township **18S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	**P. O. Box 3119, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address *(Give address to which approved copy of this form is to be sent)*
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	**34**	**18S**	**33E**	**none**	**--**

If this production is commingled with that from any other lease or pool, give commingling order number: **no**

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	yes	**no**	**yes**	**no**	**no**	**no**	**--**	**--**

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/4/68	**10/18/68**	**4630 (drlr.)**	
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3784 GL; 3796DF	**Penrose**	**4528'**	**4520'**
Perforations			Depth Casing Shoe
4503-4511'; 4520-4528' w/1@ 1/2" Kelex jets			**4630'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8"	250	240 sx.
7 7/8"	4 1/2"	4630	200 sx.

V. TEST DATA AND REQUEST FOR ALLOWABLE *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
10/18/68	**10/18/68**	**Flow**	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	**110**	**180**	**20/64**
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
12	**12**	**-0-**	**48**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
None			
Testing Method *(pitot, back pr.)*	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Sole Owner
(Title)

October 25, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.