| P.O. Box 728 - Hobbs, New Mexico 88240 It. Location of Well Intrinsit LETTER J Located 1400 FEET FROM THE South LINE AND 2450 FEET FROM 12. Country The East Line of SEC. 2 Twp. 16-S Rec. 34-E HAMPH LINE AND 12. Country Lea 15. Date Spudded 16. Date T.D. Reached 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, CR, etc.) 19. Elev. Cashinghed 4009 GR | ,) | | - | | | | | |
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| NEW MEXICO DIL CONSERVATION COMMISSION NEW MEXICO DIL CONSERVATION COMMISSION NEW MELL COMPLETION OR RECOMPLETION REPORT AND LOG OFFICE PLE NEW MELL COMPLETION OR RECOMPLETION REPORT AND LOG OFFICE O | NO. OF COPIES RECEIVE | D | | | | | Form | n C-105 |
| SEAST A PE FILE U.S. O.S. S. WELL COMPLETION OR RECOMPLETION CREATED AND LOG U.S. O.S. S. STORE DO L. GASTAN B-1189-1 LAND OFFICE OPERATOR VACUUM EFFECTION OPERATOR OPERATOR OPERATOR VACUUM EFFECTION OPERATOR OPERATOR OPERATOR OPERATOR VACUUM EFFECTION OPERATOR OPERAT | DISTRIBUTION | | | | | | Rev | ised 1-1-65 |
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| TEARO Inc. Address of Completion Security Securi | | | | | | | 77777 | |
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| the type of completion with the completion of th | A TYPE OF WELL | | | | | | 7. Unit. | Agreement Name C |
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| TEXACO Inc. 7. Address of Organizar P.O., Box 728 - Hobbs, New Mexico 88240 11. Cocation of Woll 12. Cocation of Woll 13. Location of Woll 14. Cocation of Woll 14. Cocation of Woll 15. Date Specified September 17. Date Georgia Texacy or Prod.) 14. Elementation of Woll 15. Date Specified 17. Date Georgia Texacy or Prod.) 16. Elementation of Woll 17. Date Specified 17. Date Georgia Texacy or Prod.) 17. Date Specified 17. Date Georgia Texacy or Prod.) 18. Elementation of Woll R.R. R. Ge, etc. 13. Elev. Carbinophore 4009 CR 4009 CR 19. Plug Book T.D. 19. Plug Book T.D. 19. Rottory Tools 10. No 20. Tools Tools 10. No 21. Plug Book T.D. 22. Manifeld Compl., Now 23. Instruction of Woll Reveal Completion of No 24. Producing Interval(e), of this completion — Top, Bottom, Name Compensated Neutron Log CASING RECORD (Report all strings set in well) 25. Prop. Electric and Other Logs Run Compensated Neutron Log CASING RECORD (Report all strings set in well) 26. Prop. Electric and Other Logs Run Compensated Neutron Log CASING RECORD (Report all strings set in well) 27. Add Woll Cored No 28. Solid RECORD 19. Linear Record 10. Tools Tools 10. No 12. No. Woll Cored 13. Date Texacy 14. Production fraccod (Interval), size and number) 29. Linear Record 10. Tools Tools 10. Tools Tools 10. Tools Tools 10. Tools Tools 10. No 12. No. Woll Cored 12. Cored Tools 13. Dept 11. Interval 14. Add 14. Ad | | R DEEPEN | | RESVR. | OTHER | | Andre | S Unit |
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| 22. Testol Depth 21. Plug Sack T.D. 22. Highlitable Compl., Mow 23. Statewalls Rotary Tools Cable Tools | 15. Date Spudded | 16. Date T.D. Red | iched 17. Date | e Compl. (Ready to P | Prod.) 18. Ele | | RT, GR, etc.) | |
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| SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 2-3/8" 4473 4473 31. Perforation Record (Interval, size and number) 2 JSPI @ 4531, 44, 57, 67, 74, 80, 38, 4601, 06, 27, 36, 40, 48, 60, 70, 73, 82, 92, 97, 4718, 33, & 4751'. 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 6000 gals 20% NEA 4531-4751 6000 gals 20% NEA 33. PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping — Size and type pump) Date of Test Hours Tested Choke Size Prodfn. For Test Period Flow Tubing Press. Casing Pressure Calculated 24* CII — Bbl. Gas — MCF Water — Bbl. Gas — Oil Ratio Test Period 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. | 20 | | VER RECORD | | | 30. | TUBING | RECORD |
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| 31. Perforation Record (Interval, size and number) 2 JSPI @ 4531, 44, 57, 67, 74, 80, 88, 4601, 06, 27, 36, 40, 48, 60, 70, 78, 82, 92, 97, 4718, 38, & 4751'. 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 4531-4751 6000 gals 20% NEA 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 Flow Tubing Press. Casing Pressure Calculated 24- Cil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API (Corr.) Hour Rate 34. Disposition of Gas (Sold, used for fuel, vented, etc.) 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. | - SIZE | 105 | BOTTOM | JACKS CEMENT | 0011211 | | | |
| 2 JSPI @ 4531, 44, 57, 67, 74, 80, 38, 4601, 06, 27, 36, 40, 48, 60, 70, 73, 82, 92, 97, 4713, 38, & 4751'. PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Date of Test Hours Tested Choke Size Prod*n. For Test Period Test Period Test Period Asst. Disposition of Gas (Sold, used for fuel, vented, etc.) Date of Attachments Depth Interval Amount and Kind Material used Amount and Kind Material used Amount and Kind Material used 4531-4751 Amount and Kind Material used 6000 gals 20% NEA 4531-4751 Gas - MCF Water - Bbl. Oil Gravity - API (Corr.) Test Witnessed By 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. | | | | | | 2=3/8" | 44/3 | 4473 |
| 2 JSPI @ 4531, 44, 57, 67, 74, 80, 38, 4601, 06, 27, 36, 40, 48, 60, 70, 73, 82, 92, 97, 4713, 38, & 4751'. PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Date of Test Hours Tested Choke Size Prod*n. For Test Period Test Period Test Period Asst. Disposition of Gas (Sold, used for fuel, vented, etc.) Date of Attachments Depth Interval Amount and Kind Material used Amount and Kind Material used Amount and Kind Material used 4531-4751 Amount and Kind Material used 6000 gals 20% NEA 4531-4751 Gas - MCF Water - Bbl. Oil Gravity - API (Corr.) Test Witnessed By 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. | | | | | 120 4 | CID SHOT EDACT | LIPE CEMEN | T SOUFFIZE FTC. |
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| 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 Test Period Flow Tubing Press. Casing Pressure Calculated 24- Cil - 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. | 06, 27, 36, 40 | 1, 40, 00, /\ | 0, 70, 52 | , 52, 51, | 4531-47 | 21 | budu ya | 13 20% NLA |
| 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 Test Period Test Period Gas — MCF Water — Bbl. Gas — Oil Ratio Oil Gravity — API (Corr.) Hour Rate 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. | 4/18, 38, & 4/ | 51. | | | | | | |
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| Flow Tubing Press. Casing Pressure Calculated 24- Cil - 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. Asst. Dist. Supt. | Date First Production | Produc | tion Method (Fl | owing, gas lift, pump | oing — Size and | type pump) | well : | Status (Frod. or Snut-in) |
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| 34. Disposition of Gas (Sold, used for fuel, vented, etc.) 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. Asst. Dist. Supt. | | | | Test Period | | | | |
| 34. Disposition of Gas (Sold, used for fuel, vented, etc.) 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. Asst. Dist. Supt. | Flow Tubing Press. | Casing Pressure | | 24- Cil — Bbl. | Gas — MC | CF Water — | Bbl. | Oil Gravity - API (Corr.) |
| 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. Asst. Dist. Supt. | | | Tour Nate | → | | | | |
| 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. Asst. Dist. Supt. | 34. Disposition of Gas | (Sold, used for fuel | , vented, etc.) | | | | Test Witness | sed By |
| 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. Asst. Dist. Supt. | | | | | | | | |
| 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. Asst. Dist. Supt. | 35. List of Attachments | s | | | ··············· | | | |
| Asst. Dist. Supt. | | | | | | | | |
| Asst. Dist. Supt. | 36. I hereby certify tha | t the information sh | own on both sid | des of this form is tr | ue and complete | to the best of my kr | nowledge and b | belief. |
| SIGNED TITLE ASST. Dist. Supt. DATE 1-15-73 | | / | | | | | | ZW |
| SIGNED THE | | 1.1.1.11 | | A | sst. Dist. | Supt. | DATE | 1-15-73 |
| () " | SIGNED | NINNAMA | | | | | | |
| | | 7/ | | | | | | |

INSTRUCTIONS

This from is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or respensed well. It shall be accompanied by the copy of all electrical and radio-activity logs run on the well and a summary of all special tests conjusted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall ilso be reported. For multiple completions, Items 36 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 Bule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico T. Canyon _____T. Ojo Alamo _____ ____ T. Penn. "B" _____ Salt _______ T. Strawn _____ T. Kirtland-Fruitland _____ T. Penn. "C" _____ Salt ______ T. Atoka _____ T. Pictured Cliffs _____ T. Penn. "D" _____ Yates______T. Miss______T. Cliff House______T. Leadville_____ 7 Rivers ______ T. Devenian _____ T. Menefee _____ T. Madison _____ Т. Queen _____ T. Silurian ____ T. Point Lookout ____ T. Elbert ____ T. Grayburg ____ T. Montoya ______ T. Mancos _____ T. McCracken _____ 464C T. Simpson T. Gallup T. Ignacio Qtzte San Andres ____ T. Glorieta ___ T. McKee _____ Base Greenhorn _____ T. Granite ____ T. Ellenburger _____ T. Dakota _____ T. T. Blinebry _____ T. Gr. Wash ____ T. Morrison ____ T. Tubb ______ T. Granite _____ T. Todilto _____ T. T. Drinkard ______ T. Delaware Sand _____ T. Entrada _____ T. T. Abo ______ T. Bone Springs _____ T. Wingate _____ T.

FORMATION RECORD (Attach additional sheets if necessary)

T. Wolfcamp _____ T. ____ T. ____ T. ____ T.

T Cisco (Bough C) _____ T. ____ T. ____ T. ___ T. ___ T.

T. Permian ______T.

| From | То | Thickness in Feet | Formation | From | To | Thickness in Feet | Formation |
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