

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S. G.S.	
LAND OFFICE	
OPERATOR	

50. Indicate type of lease	
State ☒ Lease ☐	
5. State Oil & Gas Lease No.	
E-9721	

1a. TYPE OF WELL		OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ☐		7. Unit Agreement Name	
b. TYPE OF COMPLETION		NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ASD		8. Name of Lease Holder	
2. Name of Operator		Texaco Inc.		N. M. "CR" State	
3. Address of Operator		PO Box 728, Hobbs, New Mexico 88240		9. Well No.	
4. Location of Well		UNIT LETTER C LOCATED 330 FEET FROM THE North LINE AND 1662 FEET FROM		10. Field and Loc., or Wildcat	
THE West LINE OF SEC. 32 TWP. 19S RGE. 32E				11. County	
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)	
11/16/87		12/1/87		2/11/88	
18. Elevations (DF, RKB, RT, GR, etc.)		19. Elev. Casinghead			
3540' GL, 3552' KH		---			
20. Total Depth		21. Total Thick. (ft.)		22. Multiple Compl., How Many	
6863'		6700'		---	
23. Intervals Drilled By		24. Producing Interval(s), of this completion - Top, Bottom, Name		25. Was Directional Curve Made	
0-6863'		ASD		Yes	
26. Type Electric and Other Logs Run		GR/CNL/FDC; GR/Sonic; GR/DIL; GR/ML; GR/CPL		27. Was Well Cored	
				No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4"	42#	950'	14 3/4"	1000 sxs.	Cmt. Circ.
8 5/8"	32#	3800'	11"	2700 sxs.	
5 1/2"	15.5# & 17#	6863'	7 7/8"	1600 sxs.	Both Stage Circulate
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	PACKER SET
31. Perforation Record (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
Well is ASD'd. CIBP set at 2475'. See attachment for summary of zones tested.			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)	
ASD		---		ASD	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF
---	---	---	---	---	---
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.
---	---	---	---	---	---
34. Disposition of Gas (Sold, used for fuel, vented, etc.)					Test Witnessed By
35. List of Attachments					
Summary of zones tested.					
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		TITLE		DATE	
J. A. Head		Hobbs Area Superintendent		2/3/88	
		TA 0-12000-211146			

