				•		Form C.	105
NO. OF COPIES RECLIVED						Revise	
DISTRIBUTION					00000000	1	Type of Lease
SANTA FE					COMMISSION	State 2	Fee
U.S.G.S.	WEL	LCOMPLETION		MILLION	I KEI OKT AND LO	0. 0000 000	& Gas Lease No.
LAND OFFICE						E-1565	
OPERATOR							
	<u>_</u>					VIIII	
IG. TYPE OF WELL							eement Name
	01L WELL	GAS WELL		OTHER	ater Injection		Vacuum Unit
b. TYPE OF COMPLET							Vacuum Unit
NEW WORK	DEEPEN	PLUG BACK	DIFF. RESVR.	OTHER		9. Well No.	
2. Name of Operator						43	
TEXACO Inc.						10. Field a	nd Pool, or Wildcat
3. Address of Operator	ti tha Mar	. Haudaa 0024	0			Vacuum	Grayburg San Andres
P. O. Box 728	- HODDS, New	Mex100 6024	0			-/1111/-	
4. Location of Well							
UNIT LETTER A	35		North		127 FEET FROM	, ()))))))	
UNIT LETTER	LOCATED	FEET FROM TH	IE			12. Jounty	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THE East LINE OF S	26	175 34	F			Lea	
THE CCSL LINE OF S	IF. Date T.D. Reach	red 17. Date Compl	. (Ready to P	<i>rod.)</i> 18. E	levations (DF, RKB, RT)	, GR, etc.) 19.	Elev. Cashinghead
1-6-70	1-16-78	2-1	2-70		3991' (GR)		3991'
20. Total Depth 4800'	21. Plug Ba	ck T.D. 765'	22. If Multiple Many	e Compl., Hov	23. Intervals Drilled By	tary Tools - 4300'	Cable Tools
24. Producing Interval(s)			e				25. Was Directional Survey
24. Pioducing microdi(3)	, or this compression						Made
4391-47121	Grayburg San	Andres					lio
26. Type Electric and O						27. 1	Was Well Cored
Gamma Ray C	ompensated Ne	eutron					<u>No</u>
28.		CASING F	ECORD (Rep	ort all strings	set in well)		·
CASING SIZE	WEIGHT LB./FT			E SIZE	CEMENTING RI		AMOUNT PULLED
8-5/8"	24#	403		1/4"	425 sx		-0-
<i>c</i> -1/2"	10.5#	4000	/-	7/ 8"	2500 sx	•	
						TUBING REC	
29.		RRECORD			30.	DEPTH SET	PACKER SET
SIZE	тор	BOTTOM SAC	KS CEMENT	SCREEN	SIZE	DEFINISEI	
31. Perforation Record (mharl	!	32.	ACID, SHOT, FRACTUR	E. CEMENT S	QUEEZE, ETC.
Perforate 4-1/2	csa w/2 JS	PF 0 4391'.	4407', 24	DEPTH			IND MATERIAL USED
37' 62' 79'	4500', 41',	621.721.86	', 95',	0391-07		gals 15%	NE acid
4609', 23', 34'	47', 62',	72', 82', 47	00' &				
4712'	,						
				UCTION			
33.			gas lift, pump	oing - Size an	d type pump)	Well Stat	us (Prod. or Shut-in)
Date First Production	Well - NO D	on Method (Flowing, Otential tes	t.			1	
Date First Production l'ater injection	well - no p	Otential tes	od'n. For	Oil - Ebl.	Gas – MCF	Vater — Bbl.	Gas—Oil Ratio
Date First Production	well - no p	Otential tes		011 - Ebl.	Gas – MCF	Vater — Bbl.	Gas—Oil Ratio
Date First Production	well - no p	Otential tes	od'n. For	011 - Ebl. Gas - 1			Gas—Oil Ratio fl Gravity — AFI (Corr.)
Date First Production Vater injection Date of Test Flow Tubing Press.	Well - NO P Hours Tested	Otential tes Choke Size Pr Te Calculuted 24- Oi Hour Rate	od'n. For est Period		MCF Water – Bt		il Gravity – AFI (Corr.)
Date First Production Vater injection Date of Test	Well - NO P Hours Tested	Otential tes Choke Size Pr Te Calculuted 24- Oi Hour Rate	od'n. For est Period		MCF Water – Bt	c !. O	il Gravity – AFI (Corr.)
Date First Production l'ater injection Date of Test Flow Tubing Press. 34. Disposition of Gas (Well - no p Hours Tested Casing Pressure Sold, used for fuel, a	Choke Size Pr Calculated 24- Hour Rate Dented, etc.)	od'n. For est Period	Gas 1	MCF Water – Bt	c !. O	il Gravity – AFI (Corr.)
Date First Production Vater injection Date of Test Flow Tubing Press. 34. Disposition of Gas 35. List of Attachments Completed as	Well - NO P Hours Tested Casing Pressure (Sold, used for fuel, a injection (50	Choke Size Pr Calculated 24- Hour Rate Dented, etc.)	od'n. For est Period 1 - Bbl. cuum), 2:	Gas - 1 -12-78.	MCF Water – Bt	ol. O Fest Witnessed	il Gravity – AFI (Corr.) By
Date First Production Vater injection Date of Test Flow Tubing Press. 34. Disposition of Gas 35. List of Attachments Completed as	Well - NO P Hours Tested Casing Pressure (Sold, used for fuel, a injection (50	Choke Size Pr Calculated 24- Hour Rate Dented, etc.)	od'n. For est Period 1 – Bbl. Cuum), 2: this form is tra	Gas - 1 -12-78. ue and comple	MCF Water - Bh	ol. O Fest Witnessed	il Gravity – API (Corr.) By

INSTRUCTIONS

a

This form is to be filed with the a_{i} prior District Office of the Commission not lat i in 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logic run on the well and a summary of all special tests cole ducted, 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 exception state land, where six copies are required, the files.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico			Northwestern New Mexico				
т.	Anhy T	Canyon	т	Ojo Alamo 7	r.	Penn. ''B''	
Τ.	Salt T	Strawn	_ T.	Kirtland-Fruitland ?	r.	Penn. "C"	
B.	Salt T	Atoka	T .	Fictured Cliffs	Т.	Penn. ''D''	
T.	Yates T	. Miss	_Τ.	Cliff House 1	r.	Leadville	
Т.	7 Rivers 2966 T	Devonian	т.	Menefee 7	r.	Madison	
T.	Queen J 7 90 T	. Silurian	т.	Point Lookout 1	Г.	Elbert	
T.	Grayburg 3853 T	Montoya	_ T.	Mancos 1	r.	McCracken	
T.	San Andres 7357 T	Simpson	- T.	Gallup 7	Г.	Ignacio Qtzte	
Т.				se Greenhorn 7			
T.	Paddock T	Ellenburger	. Т.	Dakota7	Г.		
Т.	Blinebry T	. Gr. Wash	- T.	Morrison 7	r.		
Т.	Tubb T	Granite	- T.	Todilto 7	Г.		
Т.	Drinkard T	Delaware Sand	- Т.	Entrada 7	Г.		
Τ.	Abo T	. Bone Springs	- T.	Wingate 7	г.		
T.	Wolfcamp T		T .	Chinle 7	Г.		
Τ.	Penn T	·	.Т.	Permian 7	Г.		
				Penn. ''A'' 7			
				NDS OR ZONES			
No.	1, from			. 4, from		to	
No.	2, from	to	No	. 5, from		.to	
No.	3, from	to	No	. 6, from		.to	

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from	to	feet.	
No. 2, from	to		
No. 3, from	to	feet.	
No. 4, from	to		

FORMATION RECORD (Attach additional sheets if necessary)

From	То	Thickness in Feet	Formation	From	То	Thickness in Feet	Formation
0 403 2700 3020	403 2700 3820 4800 4800	403 2297 1120 980 47€5	Red Bed Salt & Anhydrite Anhydrite Lime Total Depth FEBIC UL CUNSE BOBBS, A	973 973 11 COM 4) M.		

INCLINATION REPORT

OPERATOR ______ Texaco Inc. _____ ADDRESS P.O. Box 728, Hobbs, New Mexico 88240

LEASE NAME Central Vacuum Unit #43 WELL NO. 43 FIELD

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
403	1/4	1.7732	1.7732
875	1/2	4.1064	5.8796
1360	1/4	2.1340	8.0136
1757	3/4	5.2007	13.2143
2257	3/4	6,5500	19.7643
	1	3.9900	23.7543
2485	1	8,5575	32.3118
2974	1	1.4175	33,7293
3055	1 1/4	10.2896	44.0189
3527	1 1/4	8,6275	52,6464
4020	1 1//	9.6356	62.2820
4462 4800	1 1/4 1 3/4	10.3090	72,5910

LOCATION Section 36, T-17S, R-34E Lea County

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor, Admn. TITLE Asst.

AFF IDAV IT:

Before me, the undersigned authority, appeared <u>Garlin Taylor</u> known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

a AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 19 day of January , 19 78

Public in and for the County No

MY COMMISSION EXPIRES MARCH 1, 1980

of Lea, State of New Mexico