

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
LG-7965	

7. Unit Agreement Name
8. Farm or Lease Name
Buckeye -B-, 8601 JV-P

9. Well No.
2
10. Field and Pool, or Wildcat
Double -A- (Abo) South

12. County
Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
1-2-86		3-20-87		

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
9580'					

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
Injection Interval 9300' - 9580'	NO

26. Type Electric and Other Logs Run (CNL/FDC, DLL-MSFL) DLL/GR/LD/Comp	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
13-3/8	54.5	425	17-1/2"	450 sx - Circ.	
8-5/8	32	3500	11"	1400 sx - Circ.	
5-1/2	15.5&17	9300	7-7/8	1800 sx - Circ.	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2-7/8	9204
						9204

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED		
9300 - 9580	A w/10,000 gal		

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	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
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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.		
SIGNED <u>Dorothy Wroughton</u>	TITLE <u>Regulatory Supervisor</u>	DATE <u>3/23/87</u>

