

STATE OF NEW MEXICO
OIL 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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-5231

TYPE OF WELL
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>
TYPE OF COMPLETION
NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>

7. Unit Agreement Name

8. Farm or Lease Name

Bass State

9. Well No.

6

10. Field and Pool, or Wildcat

Salt Lake Yates

Name of Operator

Minerals, Inc.

Address of Operator

P.O. Box 1320, Hobbs, New Mexico 88240

Location of Well

IF LETTER C LOCATED 330 FEET FROM THE North LINE AND 1650 FEET FROM

West LINE OF SEC. 18 TWP. 20S RGE. 33E HMPM

Date Spudded 1-30-83 16. Date T.D. Reached 2-22-83 17. Date Compl. (Ready to Prod.) 4-5-83 18. Elevations (DF, RKB, RT, GR, etc.) 3523.6 GL 19. Elev. Casinghead ---

Total Depth 3079' 21. Plug Back T.D. --- 22. If Multiple Compl., How Many --- 23. Intervals Drilled By Rotary Tools Surface to 3022' Cable Tools 3022' to 3079'

Producing Interval(s), of this completion - Top, Bottom, Name

3022' - 3079' Yates Seven Rivers

25. Was Directional Survey Made

Yes

Type Electric and Other Logs Run

Gamma Ray

27. Was Well Cored

No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1114'	12 1/2"	335 Sx Lite, 200sx Cl 'C'	Circ. 170sx.
5 1/2"	14#	3022'	7 7/8"	660 xc Lite, 200 sx Cl 'C'	Circ. 65 sx.

LINER RECORD

30. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

Perforation Record (Interval, size and number)

Open hole from 3022' - 3079'

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	none

PRODUCTION

Date First Production 3-21-83 Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping - 1 1/2" Rodpump Well Status (Prod. or Shut-in) Prod.

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
4-5-83	24			11	-0-	155	----
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
			11	-0-	155	26.0	

Disposition of Gas (Sold, used for fuel, vented, etc.)

No gas is being produced

Test Witnessed By

George Rowland

List of Attachments

Gamma Ray Log

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

Vice President

DATE

March 7, 1983

myP

This form is to be filed with the appropriate District Office of the Division not later than 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 logs run on the well and a summary of all special tests conducted, 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 except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>1104'</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Salt <u>2653'</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2806'</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>3048'</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qizte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

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

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1104'	1104'	Red shale and sand				
1104'	2653'	1549'	Anhydrite				
2653'	2806'	153'	Sand and Anahydrite				
2806'	3048'	242'	Sand and Dolomite				
3048'	3079'	31'	Dolomite				

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APR 8 1983

O.C.D.
HOBBS OFFICE

WELL NAME AND NUMBER 1 3 STATE #6

LOCATION Section 18, T20S, R33E
(Give Unit, Section, Township and Range)

OPERATOR Minerals, Inc.

DRILLING CONTRACTOR VISION DRILLING, INC.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depths</u>	<u>Degrees @ Depths</u>	<u>Degrees @ Depths</u>
<u>500' - $\frac{1}{4}^{\circ}$</u>	<u> </u>	<u> </u>
<u>1114' - $\frac{3}{4}^{\circ}$</u>	<u> </u>	<u> </u>
<u>1604' - 3°</u>	<u> </u>	<u> </u>
<u>2125' - $2\frac{1}{4}^{\circ}$</u>	<u> </u>	<u> </u>
<u>2617' - $2\frac{1}{2}^{\circ}$</u>	<u> </u>	<u> </u>
<u>3020' - $3\frac{1}{2}^{\circ}$</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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Drilling Contractor VISION DRILLING, INC.

By: *Wayne Powell*

Subscribed and sworn to before me this 8th day of February, 19 83.

Forrest R Scheller
Notary Public

My Commission Expires: July 19th, 1986 County Lea

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C.C.E.
HOBBS CYAC



LTR



Job separation sheet

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

DATE OF FILING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Minerals, Inc.

Address
P. O. Box 1320, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bass State	6	Salt Lake Yates	State, Federal or Fee State	E-5231
Location				
Unit Letter	C	330 Feet From The North	Line and 1650	Feet From The West
Line of Section	18	Township	20S	Range 33E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	18	20	33	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-30-83	4-5-83	3079'	3079'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3523.6 GL	Yates	3022'	3075'					
Perforations	Depth Casing Shoe							
Open Hole 3022'-3079'	3020'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	1114'	535 Sx.					
7 7/8"	5 1/2"	3022'	860 Sx.					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

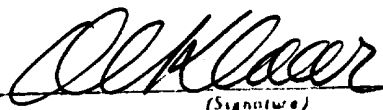
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-21-83	4-5-83	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
4-5-83	11	155	-0-

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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



Vice President

March 7, 1983

OIL CONSERVATION DIVISION

APPROVED APR 11 1983

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 Form C-104 must be filed for each pool in multiple-completed wells.

O.C.B.
HOBBY OFFICE