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**NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105
Revised 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1671	

1a. TYPE OF WELL						7. Unit Agreement Name	
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER _____ b. TYPE OF COMPLETION NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input checked="" type="checkbox"/> OTHER _____						8. Farm or Lease Name	
2. Name of Operator						9. Well No.	
Atlantic Richfield Company						1	
3. Address of Operator						10. Field and Pool, or Wildcat	
P. O. Box 1710, Hobbs, New Mexico 88240						Eumont Gas	
4. Location of Well						12. County	
UNIT LETTER <u>P</u> LOCATED <u>330</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM						Lea	
THE <u>South</u> LINE OF SEC. <u>25</u> TWP. <u>21S</u> RGE. <u>35E</u> NMPM							
15. Date Spud Commenced Work <u>04/29/75</u>		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)	
				<u>05/06/75</u>		<u>3630' DF</u>	
20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By	
<u>4530'</u>		<u>3763'</u>				Rotary Tools	
24. Producing Interval(s), of this completion - Top, Bottom, Name						25. Was Directional Survey Made	
<u>3588-3747' Eumont Gas</u>						No	
26. Type Electric and Other Logs Run						27. Was Well Cored	
<u>G.R. Correlation log</u>						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
No Change in Casing Record							
29. LINER RECORD							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	30. TUBING RECORD		
					SIZE	DEPTH SET	PACKER SET
					<u>2-3/8" OD</u>	<u>3537'</u>	<u>3545'</u>
31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
<u>3588, 97, 3600, 03, 07, 36, 51, 68, 91, 3728, 31 & 3747'</u>							
<u>= 12 holes</u>							
				DEPTH INTERVAL			
				AMOUNT AND KIND MATERIAL USED			
				<u>3588-3747'</u>			
				<u>1000 gals 15% DS-30 Acid</u>			
				<u>3588-3747'</u>			
				<u>25,000# 20/40 sd & 15,000 gals</u>			
				<u>2% KCL wtr Contg. 30# gel, 25#</u>			
				<u>Adomite Aqua/1000 gals & 10 gal</u>			
33. PRODUCTION							
LT-22.							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
<u>05/08/75</u>		<u>Swabbing</u>				<u>Shut-in workover unsuccessful</u>	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas-Oil Ratio
<u>05/08/75</u>	<u>3 1/2 hrs.</u>			<u>-0-</u>	<u>-0-</u>	<u>20</u>	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
			<u>-0-</u>	<u>-0-</u>	<u>165</u>	<u>----</u>	
34. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	
<u>None</u>						<u>D.D. Wood</u>	
35. List of Attachments							
<u>Per item 26 above</u>							
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>[Signature]</u>		TITLE <u>Dist Drlg Supv.</u>			DATE <u>5-12-75</u>		

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1671	

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Well <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Atlantic Richfield Company
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>25</u> TOWNSHIP <u>21S</u> RANGE <u>35E</u> NMPM.

7. Unit Agreement Name
8. Farm or Lease Name Atlantic State
9. Well No. 1
10. Field and Pool, or Wildcat Eumont Gas
12. County Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3630' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perf. acidize, frac. & test

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 04/29/75 ran GR Corr. log 3892-3268' prior to recompleting in the Eumont Queen Gas zone. Perfd. 1 JS ea. @ 3588, 97, 3600, 03, 07, 36, 51, 68, 91, 3728, 31 & 3747' = 12 holes. Ran FBRC on 2-7/8" tbg, set FBRC @ 3518' and trtd perfs 3588-3747' w/1000 gals. 15% DS-30 acid. Flushed w/2% KCL wtr. MP 4000#, min. 2300#, ISIP 700#. Frac'd perfs 3588-3747' w/25,000# 20/40 sd in 15,000 gals 2% KCL wtr contg 30# gel, 25# adomite aqua/1000 gals & 10 gal LT-22. Flushed w/40 bbls 2% KCL wtr MP 3400#, min 3300# ISIP 900#. 15 min SIP 550#. 17 hr. SITP Vac. Swabbed & tested. Ran tbg w/SN @ 3537'. & placed on test. Fluid 1000' in hole. On 05/08/75 swbd 20 BLW in 3½ hrs, fluid 500' in hole, no gas. Workover unsuccessful. Well left shut-in 05/08/75 w/gate valve on tbg. Well being evaluated for plugging and abandoning.

18. I hereby certify that the information above is true and complete to the best of my knowledge.

SIGNED

Dist Drlg Supv.

APPROVED BY

DATE

CONDITIONS OF APPROVAL, IF ANY: