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S.G.S.	
AND OFFICE	
OPERATOR	

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11613
7. Unit Agreement Name
8. Farm or Lease Name State
9. Well No. 4
10. Field and Pool, or Wildcat Wantz (Abo)
12. County Lea

a. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION

NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

1. Name of Operator

Southland Royalty Company

2. Address of Operator

1100 Wall Towers West, Midland, Texas 79701

3. Location of Well

UNIT LETTER M LOCATED 2970 FEET FROM THE South LINE AND 990 FEET FROM

15. Date Spudded 2-16-79	16. Date T.D. Reached -	17. Date Compl. (Ready to Prod.) 3-2-79	18. Elevations (DF, RKB, RT, GR, etc.) 3494 DF	19. Elev. Casinghead -
20. Total Depth 8005'	21. Plug Back T.D. 7565'	22. If Multiple Compl., How Many N.A.	23. Intervals Drilled By Rotary Tools N. A.	24. Was Directional Survey Made N. A.
24. Producing Interval(s), of this completion - Top, Bottom, Name 6930-7136 Abo				27. Was Well Cored N.A.
26. Type Electric and Other Logs Run Gamma Ray- Compensated Neutron				

28. CASING RECORD (Report all strings set in well)					AMOUNT PULLED		
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD			
13 3/8"	54.5	253'	17 1/4"	240 sxs cmt circ			
8 5/8"	28.5	2996'	11 "	2200 sxs cmt to surface			
5 1/2"	15.5 & 17	8005'	7 7/8"	550 sxs t/cmt @ 4690'			
29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2 3/8	7176	
31. Perforation Record (Interval, size and number)					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
6930-6940	7084-7100	2 JSPF	DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
6948-6954	7118-7126		6930-7136	6300 gals. 15% NE acid			
7000-7020	7130-7136						
7070-7076							

33. PRODUCTION								Well Status (Prod. or Shut-in)
Date First Production 2-21-79		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping					Producing	
Date of Test 3-2-79	Hours Tested 24	Choke Size -	Prod'n. Per Test Period →	Oil - Bbl. 30	Gas - MCF 54	Water - Bbl. 0	Gas - Oil Ratio 1800	
Flow Tubing Press. -	Casing Pressure -	Calculated 24-Hour Rate →	Oil - Bbl. 30	Gas - MCF 54	Water - Bbl. 0	Oil Gravity - API (Corr.)		
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold							Test Witnessed By D. Davis	
35. List of Attachments Gamma Ray-Compensated Neutron								

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

C. Hamerly

TITLE District Engineer

DATE

3-8-79

5

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

OIL OR GAS SANDS OR ZONES

● IMPORTANT WATER SANDS

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

RECEIVED
MAR 18 1973

OIL CONSERVATION DIVISION

P. O. BOX 7088

ALBUQUERQUE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

IF THIS WELL IS A RECOMPLETION OR A NEW WELL OR A WELL WHICH HAS BEEN ABANDONED OR A WELL WHICH HAS BEEN RECOMPLETED OR A WELL WHICH HAS BEEN RECOMPLETED OR A WELL WHICH HAS BEEN RECOMPLETED	
TRANSPORTER OIL GAS	
LOCATION COUNTY OFFICE	

Southland Royalty Company

1100 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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.
State	4	Wantz (Abo)	State, Federal or Free State	B-11613
Location				
Well Letter	M	2970 Feet From The South Line and 990 Feet From The West		
Line of Section	2	Township 21S	Range 37E	County Lea

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)
Texas-New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P. O. Box 1231, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit M Sec. 2 Twp. 21S Rge. 37E Is gas actually connected? Yes When 2/52

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input checked="" type="checkbox"/>		
Date Spudded 2-16-79	Date Compl. Ready to Prod. 3-2-79	Total Depth 8005'	P.B.T.D. 7565'
Elevations (DF, RKB, RT, CR, etc.) 3494 DF	Name of Producing Formation Abo	Top Oil/Gas Pay 6930	Tubing Depth 7176
Perforations 6930-7136			Depth Casing Shoe 8005'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8	253'	240 sacks
11"	8 5/8	2996'	2200 sacks
7 7/8"	5 1/2	8005'	550 sacks

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 3-1-79	Date of Test 3-2-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 30 BO	Oil-Bbls. 30	Water-Bbls. 0	Gas-MCF 54

GAS WELL

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

I. 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.

C. Himeykan
(Signature)District Engineer
(Title)3-8-79
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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.

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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-11613	
7. Unit Agreement Name	
8. Farm or Lease Name State	
9. Well No. 4	
10. Field and Pool, or Wildcat Wantz (Abo)	
12. County Lea	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-
Name of Operator Southland Royalty Company		
Address of Operator 1100 Wall Towers West, Midland, Texas 79701		
Location of Well UNIT LETTER M 2970 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 21 RANGE 37 NMPM.		

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

3494' DF

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Plugback ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

1. Rig up pull rods and tubing (2-16-79)
2. Ran GR-Neutron log from 5000' to TD.
3. Ran and set CIBP at 7600', capped with 35' cmt
4. Perforated the Abo interval selectively with 2 JSPF from 6930-7136 (144 Holes)
5. Spot 300 gals. acid across perfs. Acidized with 6000 gals. 15% NE acid using 220 ball sealer during trtment. Avg treating pressure 4884# @ 5.9 BPM.
6. Run rods, tubing and packer and recovered load
I.P. 3-2-79 30 BOPD 0 BWPD 54 MCFGPD

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

SIGNED C. Harney TITLE District Engineer DATE 3-8-79
Orig. Signed by Jerry Sexton
APPROVED BY D. L. Suggs TITLE DATE MAR 12 1979

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 12 1979

COMMUNICATIONS SECTION
U.S. AIR FORCE