## State of New Mexico

Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies Form C-105 Energy, Minerals and Natural Resources Department Revised 1-1-89 WELL API NO. DISTRICT I **OIL CONSERVATION DIVISION** 30-025-34273 P.O. Box 1980, Hobbs, NM 88240 5. Indicate Type Of Lease 2040 Pacheco St. STATE X FEE Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 7. Lease Name or Unit Agreement Name 1a. Type of Well:
OIL WELL GAS WELL DRY X OTHER b. Type of Completion: **GAZELLE** NEW WORK OVER PLUG BACK DEEPEN OTHER 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator WILDCAT Midland, TX 79702 P.O. Box 1150. 4. Well Location 1718 \_\_\_ Feet From The \_\_\_ WEST SOUTH Line and \_\_\_ 1980 Feet From The\_\_\_ Unit Letter\_ **NMPM** 23S Range 36E Section Township 13. Elevations(DF & RKB, RT, GR, etc.) 14. Elev. Casinghead 12. Date Compl.(Ready to Prod.) 10. Date Spudded 11. Date T.D. Reached 3439' 3/10/98 2/22/98 2/9/98 Rotary Tools Cable Tools 18. Intervals Drilled By 17. If Multiple Compl. How 16. Plug Back T.D. 15. Total Depth Many Zones? 7966' 7966' 20. Was Directional Survey Made 19. Producing Interval(s), of this completion - Top, Bottom, Name NO 22. Was Well Cored 21. Type Electric and Other Logs Run PE/NGT/BHC SONIC/FMI/GR CASING RECORD (Report all strings set in well) CEMENTING RECORD AMOUNT PULLED **HOLE SIZE** DEPTH SET WEIGHT LB./FT. CASING SIZE 14-3/4" 300 SX - SURF 400' 42 11-3/4" 900 SX - SURF 11" 2950' 24 8-5/8" 300 SX - TOC @ 6000' 7-7/8" 7797' 15.5 5-1/2" **TUBING RECORD** LINER RECORD **DEPTH SET** PACKER SET SIZE SACKS CEMENT SCREEN BOTTOM TOP SIZE 2-7/8" 27. ACID, SHOT, FRACTURE, CEMENT, SQEEZE, ETC 26. Perforation record (interval, size, and number) AMOUNT AND KIND MATERIAL USED DEPTH INTERVAL NONE NONE **PRODUCTION** Well Status (Prod. or Shut-in) Production Method (Flowing, gas lift, pumping - Size and type pump) Date First Production SHUT-IN DRY Gas - MCF Gas - Oil Ratio Water - Bbl. Prod'n For Oil - Bbl. Choke Size Date of Test Hours Tested Test Period Oil Gravity - API (Corr.) Oil - Bbl. Gas - MCF Water - Bbl. Calculated 24-Casing Pressure Flow Tubing Press. Hour Rate Test Witnessed By 29. Disposition of Gas (Sold, used for fuel, vented, etc.) 30. List Attachments DEVIATION SURVEY 31. 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

Printed

Name

Signature

J. K. RIPLEY

Title

TECH ASSISTANT Date 6/1/98

## **INSTRUCTIONS**

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 25 through 29 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.

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