

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Roy H. Smith Drilling Co. Lease Roy H. Smith - Federal

Well No. 2-21 Unit Letter A S 21 T 24S R 36E Pool Jalnet Ext.

County Lea County Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit A S 21 T 24S R 36E

Authorized Transporter of Oil or ~~Condensate~~ Permian Corporation

Address 728 First Wichita National Bldg., Wichita Falls, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas ~~Permian Corporation~~

Address P. O. Box 3119, Midland, Texas Date Connected 1/12/65

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No gas produced

Reasons for Filing: (Please check proper box) New Well Yes ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

New well commenced 1/1/65

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 12 day of January, 1965

By Roy H. Smith

Roy H. Smith

Sole Owner

Approved _____ 19____

Company ROY H. SMITH DRILLING CO.

By Joe L. Stoney

Address 728 1st. Wichita National Bldg.
Wichita Falls, Texas

Title _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR ROY H. SMITH DRILLING CO.						5. LEASE DESIGNATION AND SERIAL NO. LC 063958 - A	
3. ADDRESS OF OPERATOR 728 First Wichita National Bldg., Wichita Falls, Texas						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' from North line, 660' from East line, NE/4 Sec 21, T24S, R36E County, New Mexico At top prod. Interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 11/4/64						16. DATE T.D. REACHED 11/12/64	
17. DATE COMPL. (Ready to prod.) 11/23/64						18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3362 DF, 3363 RT, 3353 GR	
19. ELEV. CASINGHEAD 3352						20. TOTAL DEPTH, MD & TVD 3765'	
21. PLUG, BACK T.D., MD & TVD 3747						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY rotary						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3688' - 3693' 3698' - 3700'	
25. WAS DIRECTIONAL SURVEY MADE yes						26. TYPE ELECTRIC AND OTHER LOGS RUN Sonic Log - Gamma Ray, Acoustic Cement Bond Micro-Seismogram	
27. WAS WELL CORED yes						28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED
8 5/8"	24	295	14 1/2"	50 SA.			none
4 1/2"	9.5	3757	6 3/4"	100 SA. 50/50 pozzolix			none
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	3654	3659
31. PERFORATION RECORD (Interval, size and number) 3688' - 3698' 1/2" 10 holes 3698' - 3700' 1/2" 4 holes				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				3688 - 3693		250 gal. 10% MCA acid	
				3698 - 3700		500 gal. 10% MCA acid	
33.* PRODUCTION							
DATE FIRST PRODUCTION 11/23/64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 1/1/65	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL. 22.08	GAS—MCF. nil	WATER—BBL. 160	GAS-OIL RATIO nil
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.) 34	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY Joe Gantt	
35. LIST OF ATTACHMENTS Acoustic Cement Bond Micro-Seismogram, Sonic Log-Gamma Ray							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED [Signature]		TITLE Sole Owner		DATE 1/4/65			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Sand	3610	3620	Scattered shows	Base of salt	3262	
Dolomite	3620	3635	Tight dolomite	Yates	3429	
Dolomite	3635	3720	Porous dolomite, scattered oil shows	Seven Rivers	3658	
Dolomite	3720	3735	Tight dolomite			
Dolomite	3735	3765	Very porous, water w/dolomite			

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. CIL WELL ☐ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. LC 063958 - A
2. NAME OF OPERATOR Roy H. Smith	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 720 1st. Wichita National Bldg., Wichita Falls, Texas	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from ... 9 miles ... New Mexico	8. FARM OR LEASE NAME Roy H. Smith - Federal
14. PERMIT NO.	9. WELL NO. 2-21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3363 DF, 3363 GR	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T24N, R36E NE/4, NE/4
	12. COUNTY OR PARISH Rocky Mountain
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☒
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other) Completion	☐		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

295' of 3 1/8" cemented w/50 ex.

317' of 4 1/2" ... cemented at top ... 50/50 cement

Cement circulated on 8 5/8" surface casing and thru the same section on the 4 1/2" prod. string.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE [Signature] DATE 1/4/65

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 1/4/65

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JAN 6 1965
J. L. GORDON
ACTING DISTRICT ENGINEER

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.