

WRS COMPLETION REPORT

REISSUES

PI# 30-T-0010 06/23/88

SEC 33 TWP 26S RGE 37E
30-025-28301-0000

PAGE 1

NMEX LEA * 330FNL 330FEL SEC NE NE
STATE COUNTY FOOTAGE SPOT
SEA SAND OIL D DO
OPERATOR WILLS FEDERAL
8 LEASE NAME
WELL NO 2971KB 2963GR
OPER ELEV SCARBOROUGH
API 30-025-28301-0000
PERMIT OR WELL I.D. NO

LEASE TYPE NO OIL
08/28/1983 10/26/1983 ROTARY STATUS
SPUD DATE COMP. DATE TYPE TOOL 2 RIG SUB 7
3400 YTS-SVRV HORIZON DRLG
PROJ. DEPTH PROJ. FORM CONTRACTOR FM/TD SVN RVRS
DTD 3340 PB 3300
DRILLERS T.D. LOG T.D. PLUG BACK TO OLD T.D. FORM T.D.

LOCATION DESCRIPTION

5 MI SE BENNETT, NM

WELL IDENTIFICATION/CHANGES

OPER CHGD FROM THOMPSON J CLEO

CASING/LINER DATA

CSG 8 5/8 @ 84 W/ 100 SACKS
CSG 5 1/2 @ 3340 W/ 150 SACKS

TUBING DATA

TBG 2 3/8 AT 3080

INITIAL POTENTIAL

1BW 12/64CK 24HRS
3130- 3235

IPF 81BOPD
YTS-SVRV PERF
PERF 3130- 3235
SWFR 3130- 3235 27000GALS 53000LBS SAND
27000 GALS CO2 ADDTVGELA

X-LINK
TP 580
GTY 36.0 GOR 746
FCP PKR

CONTINUED IC# 300257053183

Petroleum Information

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PI-WRS-GET
Form No 187

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SEA SAND OIL
8

WILLS FEDERAL

D DO

DRILLING PROGRESS DETAILS

SEA SAND OIL
917 CAPITOL NATIONAL BANK BLDG
FT WORTH, TX 76102
08/15 LOC/1983/
08/30 DRLG, NO DETAILS
09/19 DRLG, NO DETAILS
10/05 3340 TD, WOCT
12/03 3340 TD, PB 3300
COMP 10/26/83, IPF 81 BO, 1 BWPD, 12/64 CK
GOR 746, GTY 36, FTP 580,
FCP PKR
PROD ZONE - YATES-SEVEN RIVERS 3130-3235
NO CORES OR DSTS RPTD
06/20 REISSUED TO CORRECT IP & ADD KB ELEV &
DELETE TITE STATUS
REPLACEMENT FOR CT ISSUED 12/3/83

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-83

Operator
SEA SAND OIL COMPANY

Address
917 Capital National Bank Bldg. - Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐ Other (Please explain) *Regulated*
Will be regulated
 If change of ownership give name and address of previous owner *from BLM 2/1/86*

4/86
BLM
has no
well record
on file

I. DESCRIPTION OF WELL AND LEASE

Lease Name Wills Federal	Well No. 8	Pool Name, including Formation Scarborough Yates Seven River	Kind of Lease State, Federal or Fee Federal	Lease No. 30120
Location Unit Letter <i>A</i> , <i>330</i> Feet From The <i>N</i> Line and <i>330</i> Feet From The <i>E</i> Line of Section <i>33</i> Township <i>26</i> Range <i>37</i> , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, Texas 76024
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 G 33 26 37 No

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

V. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

V. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/100MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

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

Delores Martinez
(Signature)
Agent
(Title)
4/25/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 30 1984, 19
BY ORIGINAL SIGNED BY IRDIP 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 Forms C-104 must be filed for each pool in multiply completed wells.

1-21-86

with End. #8