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Form C-105
Revised 1-1-65

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

1a. TYPE OF WELL
OIL WELL ☐ GAS WELL ☐ DRY ☐ OTHER Water Injection
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

7. Unit Agreement Name
8. Farm or Lease Name
Knight
9. Well No.
6
10. Field and Pool, or Wildcat
Langlie-Mattix

2. Name of Operator
George L. Buckles Company
3. Address of Operator
P. O. Box 145, Monahans, Texas 79756
4. Location of Well

UNIT LETTER P LOCATED 1315 FEET FROM THE East LINE AND 1315 FEET FROM THE South LINE OF SEC. 21 TWP. 24S RGE. 37E NMPM.

12. County
Lea

15. Date Spudded 9-20-69 16. Date T.D. Reached 9-24-69 17. Date Compl. (Ready to Prod.) 9-25-69 18. Elevations (DF, RKB, RT, GR, etc.) 3220 Ground

19. Elev. Casinghead
N.A.

20. Total Depth 3651 21. Plug Back T.D. -- 22. If Multiple Compl., How Many -- 23. Intervals Drilled By Rotary Tools

Cable Tools
0 - 3651

24. Producing Interval(s), of this completion - Top, Bottom, Name
--

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
None

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>No Change</u>					

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
<u>None</u>					<u>2 3/8</u>	<u>3644</u>	

30. TUBING RECORD

31. Perforation Record (Interval, size and number)
None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL None AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production
Production Method (Flowing, gas lift, pumping - Size and type pump)
water Injection well
Well Status (Prod. or Shut-in)
Date of Test
Hours Tested
Choke Size
Prod'n. For Test Period
Oil - Bbl.
Gas - MCF
Water - Bbl.
Gas - Oil Ratio
Flow Tubing Press.
Casing Pressure
Calculated 24-Hour Rate
Oil - Bbl.
Gas - MCF
Water - Bbl.
Oil Gravity - API (Corr.)

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Test Witnessed By

35. List of Attachments
None

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 Robert M. Orr (Robert M. Orr) TITLE President DATE September 29, 1969

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission 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 30 through 34 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 110.5.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen 3380	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
3540	3651	111	Lime, sand & shale				

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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 ☐ Fee ☒

5. State Oil & Gas Lease No.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name
2. Name of Operator George L. Buckles Company	8. Farm or Lease Name Knight
3. Address of Operator P. O. Box 145, Monahans, Texas 79736	9. Well No. 6
4. Location of Well UNIT LETTER P , 1315 FEET FROM THE East LINE AND 1315 FEET FROM THE South LINE, SECTION 21 TOWNSHIP 24S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langille-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3220 Ground	12. County Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

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.

September 20, 1969 Moved on cable tool rig. Deepened well to a new total depth of 3651 feet. ran Tubing and put well on water injection.

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

SIGNED Robert M. Orr (Robert M. Orr)

TITLE President

DATE September 26, 1969

APPROVED BY [Signature]

TITLE SECRET

DATE October 1, 1969

CONDITIONS OF APPROVAL, IF ANY: