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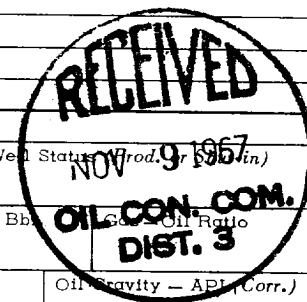
**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105  
Revised 1-1-65

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. State Oil & Gas Lease No.

|                                                                                                                                                                                                                                            |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------|--|------------------------------------------------------------|--|-------------------------------|--|----------------------------------------------------|--|
| 1a. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <b>Core Hole</b>                                                                                                |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 7. Unit Agreement Name                             |  |
| b. TYPE OF COMPLETION<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <b>P &amp; A</b>              |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 8. Farm or Lease Name<br><b>Santa Fe</b>           |  |
| 2. Name of Operator<br><b>Thomas A. Dugan</b>                                                                                                                                                                                              |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 9. Well No.<br><b>1</b>                            |  |
| 3. Address of Operator<br><b>Box 234, Farmington, New Mexico</b>                                                                                                                                                                           |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 10. Field and Pool, or Wildcat<br><b>Wildcat</b>   |  |
| 4. Location of Well<br>UNIT LETTER <b>L</b> LOCATED <b>2000'</b> FEET FROM THE <b>South</b> LINE AND <b>650'</b> FEET FROM<br>THE <b>West</b> LINE OF SEC. <b>8</b> TWP. <b>17N</b> RGE. <b>7W</b> NMPM                                    |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 12. County<br><b>McKinley</b>                      |  |
| 15. Date Spudded<br><b>4/23/66</b>                                                                                                                                                                                                         |  | 16. Date T.D. Reached<br><b>4/23/66</b>                             |  | 17. Date Compl. (Ready to Prod.)<br><b>P &amp; A</b> |  | 18. Elevations (DF, RKB, RT, GR, etc.)<br><b>6741' Gr.</b> |  | 19. Elev. Casinghead          |  |                                                    |  |
| 20. Total Depth<br><b>200'</b>                                                                                                                                                                                                             |  | 21. Plug Back T.D.<br>----                                          |  | 22. If Multiple Compl., How Many<br>-----            |  | 23. Intervals Drilled By<br>Rotary Tools <b>0-200</b>      |  | Cable Tools                   |  |                                                    |  |
| 24. Producing Interval(s), of this completion — Top, Bottom, Name<br><b>None</b>                                                                                                                                                           |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 25. Was Directional Survey Made<br><b>No</b>       |  |
| 26. Type Electric and Other Logs Run<br><b>Crane</b>                                                                                                                                                                                       |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | 27. Was Well Cored<br><b>No</b>                    |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                         |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| CASING SIZE                                                                                                                                                                                                                                |  | WEIGHT LB./FT.                                                      |  | DEPTH SET                                            |  | HOLE SIZE                                                  |  | CEMENTING RECORD              |  | AMOUNT PULLED                                      |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  | <b>None</b>                                          |  |                                                            |  |                               |  |                                                    |  |
| 29. LINER RECORD                                                                                                                                                                                                                           |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| SIZE                                                                                                                                                                                                                                       |  | TOP                                                                 |  | BOTTOM                                               |  | SACKS CEMENT                                               |  | SCREEN                        |  | PACKER SET                                         |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  | <b>None</b>                                          |  |                                                            |  |                               |  | <b>None</b>                                        |  |
| 31. Perforation Record (Interval, size and number)<br><b>None</b>                                                                                                                                                                          |  |                                                                     |  |                                                      |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.             |  |                               |  |                                                    |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  |                                                      |  | DEPTH INTERVAL                                             |  | AMOUNT AND KIND MATERIAL USED |  |                                                    |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  |                                                      |  | <b>None</b>                                                |  |                               |  |                                                    |  |
| 33. PRODUCTION                                                                                                                                                                                                                             |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| Date First Production<br><b>None</b>                                                                                                                                                                                                       |  | Production Method (Flowing, gas lift, pumping — Size and type pump) |  |                                                      |  |                                                            |  |                               |  | Well Status (Prod., In, etc.)<br><b>NOV 9 1967</b> |  |
| Date of Test                                                                                                                                                                                                                               |  | Hours Tested                                                        |  | Choke Size                                           |  | Prod'n. For Test Period                                    |  | Oil — Bbl.                    |  | Gas — MCF                                          |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| Flow Tubing Press.                                                                                                                                                                                                                         |  | Casing Pressure                                                     |  | Calculated 24-Hour Rate                              |  | Oil — Bbl.                                                 |  | Gas — MCF                     |  | Water — Bbl.                                       |  |
|                                                                                                                                                                                                                                            |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| 34. Disposition of Gas (Sold, used for fuel, vented, etc.)                                                                                                                                                                                 |  |                                                                     |  |                                                      |  |                                                            |  |                               |  | Test Witnessed By                                  |  |
| 35. List of Attachments<br><b>Spud in Mesaverde</b>                                                                                                                                                                                        |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |
| 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.<br>Original signed by <b>T. A. Dugan</b><br>SIGNED _____ TITLE <b>Engineer</b> DATE <b>11/8/67</b> |  |                                                                     |  |                                                      |  |                                                            |  |                               |  |                                                    |  |



## 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 1105.

**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 _____           | 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<br>in Feet | Formation | From | To | Thickness<br>in Feet | Formation |
|------|----|----------------------|-----------|------|----|----------------------|-----------|
|      |    |                      |           |      |    |                      |           |