Form C+105 NO. OF COPIES RECEIVED Revised 1-1-65 DISTRIBUTION 5a. Indicate Type of Lease SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG FILE 5. State Oil & Gas Lease No. ⊔.S.G.S. LAND OFFICE OPERATOR Ig. TYPE OF WELL DRY X WELL 8. Farm or Lease Name b. TYPE OF COMPLETION WORK DEEPEN 10. Field and Pool, or Wildcat John R. Anderson
3. Address of Operator 3 22 South Main, Aztec, New Mexico UNIT LETTER D LOCATED 332 FEET THE Kerth TWP. 15 N RGE. 10 W NMPM
16. Date T.D. Reached 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, GR, etc.) 19. Elev. Cashinghead 15. Date Spudded 7215 3-15-66 **3-21-6**6 p/a 23. Intervals | Rotary Tools Drilled By | Cable Tools 22. If Multiple Compl., How 21. Plug Back T.D. 20. Total Depth 1015 25. Was Directional Survey 24. Producing Interval(s), of this completion — Top, Bottom, Name No. None 27. Was Well Cored 26. Type Electric and Other Logs Run CASING RECORD (Report all strings set in well) 28. AMOUNT PULLED CEMENTING RECORD HOLE SIZE DEPTH SET CASING SIZE WEIGHT LB./FT. None TUBING RECORD LINER RECORD 29. DEPTH SET PACKER SET SIZE SACKS CEMENT SCREEN BOTTOM TOP SIZE ACID, SHOT, FRACTURE, CEME 31. Perforation Record (Interval, size and number) DEPTH INTERVAL

OIL CON. COM **PRODUCTION** Well Status (Prod. or Shut-in) Production Method (Flowing, gas lift, pumping - Size and type pump) Date First Production Water -- Bbl. Gas - Oil Ratio Gas - MCF Prod'n. For Oil - Bbl. Choke Size Hours Tested Date of Test Test Period Oil Gravity - API (Corr.) Water - Bbl. Gas - MCF Oil - Bbl. Calculated 24-Flow Tubing Press. Casing Pressure Hour Rate Test Witnessed By 34. Disposition of Gas (Sold, used for fuel, vented, etc.) 35, List of Attachments 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. TITLE _ Operator in Kunen SIGNED

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. Canyon	T. Ojo Alamo	T. Penn "B"		
1. Strawn	T. Kirtland-Fruitland	T Down (C)		
I. Atoka	T Pictured Cliffs	T Danie ((D))		
I. Miss	T. Cliff House	T Londwille '		
I. Devonian	T. Menefee	T Madison		
I. Silurian	T. Point Lookout	T Fibert		
———— I. Montova	T Monage	· · · · · · · · · · · · · · · · · · ·		
T. Simpson	T. Gallup_ 750	T. Lympois Otate		
T. McKee	Base Greenhorn	T. Consider		
T. Ellenburger	T Dakota	T. Granite		
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T. Granite	T. Todilto	T. ————————————————————————————————————		
T. Delaware Sand	T. Entrada			
T. Bone Springs	T Wingste	~ ~		
T	T. Chi-le			
T	T. Damie	T		
Т	T Donn ((A))	T		
	T. Atoka	T. Canyon T. Ojo Alamo T. Strawn T. Kirtland-Fruitland T. Atoka T. Pictured Cliffs T. Miss T. Cliff House T. Devonian T. Menefee T. Silurian T. Point Lookout T. Montoya T. Mancos T. Simpson T. Gallup 750 T. McKee Base Greenhorn T. Ellenburger T. Dakota T. Gr. Wash T. Morrison T. Granite T. T. Morrison T. Granite T. T. Todilto T. Bone Springs T. Wingate T. Chinle T. Chinle T. Permian T. Permian T. Permian T.	T. Canyon T. Ojo Alamo T. Penn. "B" T. Strawn T. Kirtland-Fruitland T. Penn. "C" T. Atoka T. Pictured Cliffs T. Penn. "D" T. Miss T. Cliff House T. Leadville T. Devonian T. Menefee T. Madison T. Silurian T. Point Lookout T. Elbert T. Montoya T. Mancos T. McCracken T. Simpson T. Gallup 750 T. Ignacio Qtzte T. McKee Base Greenhorn T. Granite T. Granite T. Morrison T.	

FORMATION RECORD (Attach additional sheets if necessary)

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