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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<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>L-1552-3                                                             |
| 7. Unit Agreement Name                                                                               |
| 8. Farm or Lease Name<br>State 36 A                                                                  |
| 9. Well No.<br>2                                                                                     |
| 10. Field and Pool, or Wildcat<br>Wildcat                                                            |
| 12. County<br>McKinley                                                                               |

TYPE OF WELL  
OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER \_\_\_\_\_

TYPE OF COMPLETION  
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

Name of Operator  
Filon Exploration Corporation

Address of Operator  
c/o Minerals Management Inc.  
501 Airport Dr., Suite 105, Farmington, New Mex. 87401

Location of Well

LETTER B LOCATED 660' FEET FROM THE North LINE AND 1650' FEET FROM

|                                                                       |                                   |                                  |                                                    |                                       |
|-----------------------------------------------------------------------|-----------------------------------|----------------------------------|----------------------------------------------------|---------------------------------------|
| Date Spudded<br>12-7-75                                               | 15. Date T.D. Reached<br>12-19-75 | 17. Date Compl. (Ready to Prod.) | 18. Elevations (DF, RKB, RT, GR, etc.)<br>6648 RT  | 19. Elev. Casinghead<br>6636          |
| Total Depth<br>5608                                                   | 21. Plug Back T.D.                | 22. If Multiple Compl., How Many | 23. Intervals Drilled By<br>Rotary Tools<br>Rotary | Cable Tools                           |
| Producing Interval(s), of this completion - Top, Bottom, Name<br>NONE |                                   |                                  |                                                    | 25. Was Directional Survey Made<br>NO |
| Type Electric and Other Logs Run                                      |                                   |                                  |                                                    | 27. Was Well Cored                    |

| CASING RECORD (Report all strings set in well) |                |           |           |                  |               |
|------------------------------------------------|----------------|-----------|-----------|------------------|---------------|
| CASING SIZE                                    | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 10 3/4                                         | 40.50          | 214       | 15        | 200 sx-2% CaCl   | NONE          |
|                                                |                |           |           |                  |               |
|                                                |                |           |           |                  |               |
|                                                |                |           |           |                  |               |

| LINER RECORD |     |        |              |        | TUBING RECORD |           |            |
|--------------|-----|--------|--------------|--------|---------------|-----------|------------|
| SIZE         | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE          | DEPTH SET | PACKER SET |
|              |     |        |              |        |               |           |            |
|              |     |        |              |        |               |           |            |
|              |     |        |              |        |               |           |            |

| 1. Perforation Record (Interval, size and number) |  |  |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                         |
|---------------------------------------------------|--|--|--|------------------------------------------------|-------------------------|
| CONFIDENTIAL                                      |  |  |  | DEPTH INTERVAL                                 | AMOUNT OF MATERIAL USED |
|                                                   |  |  |  |                                                |                         |
|                                                   |  |  |  |                                                |                         |
|                                                   |  |  |  |                                                |                         |
|                                                   |  |  |  |                                                |                         |

|                                                            |                 |                                                                     |                         |            |              |                           |                 |
|------------------------------------------------------------|-----------------|---------------------------------------------------------------------|-------------------------|------------|--------------|---------------------------|-----------------|
| 3. Date First Production                                   |                 | Production Method (Flowing, gas lift, pumping - Size and type pump) |                         |            |              |                           |                 |
| 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

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 J. Arnold Snell TITLE Area Manager Minerals Management Inc. DATE 12-30-75

