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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 <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |                                         |

|                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                 |                   |                                        |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|-------------------------|-------------------------------------------------|-------------------|----------------------------------------|-----------------|
| 1a. TYPE OF WELL                                                                                                                                                                                                                      |                 |                                                                     |                         |                                                 |                   | 7. Unit Agreement Name                 |                 |
| OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>P &amp; A</u>                                                                                                               |                 |                                                                     |                         |                                                 |                   | 8. Farm or Lease 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 <input type="checkbox"/> |                 |                                                                     |                         |                                                 |                   | Sullivan                               |                 |
| 2. Name of Operator                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                 |                   | 9. Well No.                            |                 |
| ElPamCo, Inc.                                                                                                                                                                                                                         |                 |                                                                     |                         |                                                 |                   | 6-A                                    |                 |
| 3. Address of Operator                                                                                                                                                                                                                |                 |                                                                     |                         |                                                 |                   | 10. Field and Pool, or Wildcat         |                 |
| P.O. Box 14738                                                                                                                                                                                                                        |                 |                                                                     |                         |                                                 |                   | Aztec Fruitland                        |                 |
| Albuquerque, New Mexico 87111                                                                                                                                                                                                         |                 |                                                                     |                         |                                                 |                   | Aztec Pictured Cliffs                  |                 |
| 4. Location of Well                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| UNIT LETTER <u>G</u> LOCATED <u>1640</u> FEET FROM THE <u>North</u> LINE AND <u>1580</u> FEET FROM                                                                                                                                    |                 |                                                                     |                         |                                                 |                   | 12. County                             |                 |
| THE <u>East</u> LINE OF SEC. <u>25</u> TWP. <u>29N</u> RGE. <u>11W</u> NMPM                                                                                                                                                           |                 |                                                                     |                         |                                                 |                   | San Juan                               |                 |
| 15. Date Spudded                                                                                                                                                                                                                      |                 | 16. Date T.D. Reached                                               |                         | 17. Date Compl. (Ready to Prod.)                |                   | 18. Elevations (DF, RKB, RT, GR, etc.) |                 |
| 11-18-78                                                                                                                                                                                                                              |                 | 11-25-78                                                            |                         | P&A 11-30-78                                    |                   | 5466 Gr                                |                 |
| 19. Elev. Casinghead                                                                                                                                                                                                                  |                 | 5463                                                                |                         |                                                 |                   |                                        |                 |
| 20. Total Depth                                                                                                                                                                                                                       |                 | 21. Plug Back T.D.                                                  |                         | 22. If Multiple Compl., How Many                |                   | 23. Intervals Drilled By               |                 |
| 785                                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                 |                   | Rotary Tools 0-785 Cable Tools         |                 |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                                                     |                 |                                                                     |                         |                                                 |                   | 25. Was Directional Survey Made        |                 |
| P & A (Junked Hole)                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                 |                   | None                                   |                 |
| 26. Type Electric and Other Logs Run                                                                                                                                                                                                  |                 |                                                                     |                         |                                                 |                   | 27. Was Well Cored                     |                 |
| None                                                                                                                                                                                                                                  |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                    |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| CASING SIZE                                                                                                                                                                                                                           | WEIGHT LB./FT.  | DEPTH SET                                                           | HOLE SIZE               | CEMENTING RECORD                                | AMOUNT PULLED     |                                        |                 |
| 7                                                                                                                                                                                                                                     | 20              | 303                                                                 | 11 1/4                  | 150 sx                                          | None              |                                        |                 |
| 29. LINER RECORD                                                                                                                                                                                                                      |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| SIZE                                                                                                                                                                                                                                  | TOP             | BOTTOM                                                              | SACKS CEMENT            | SCREEN                                          | 30. TUBING RECORD |                                        |                 |
|                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                 | SIZE              | DEPTH SET                              | PACKER SET      |
| 31. Perforation Record (Interval, size and number)                                                                                                                                                                                    |                 |                                                                     |                         | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  |                   |                                        |                 |
|                                                                                                                                                                                                                                       |                 |                                                                     |                         | DEPTH INTERVAL<br>AMOUNT AND KIND MATERIAL USED |                   |                                        |                 |
|                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                 |                   |                                        |                 |
|                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                 |                   |                                        |                 |
|                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| 33. PRODUCTION                                                                                                                                                                                                                        |                 |                                                                     |                         |                                                 |                   |                                        |                 |
| 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 <u>Hande A. Kennedy</u>                                                                                                                                                                                                        |                 |                                                                     |                         | TITLE <u>Agent</u>                              |                   | DATE <u>12-27-78</u>                   |                 |