

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-105  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-045-29145                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Ruth                                                        |
| 8. Well No.<br>1 OIL CON. DIV.                                                                      |
| 9. Pool name or Wildcat<br>Blanco Pictured Cliffs                                                   |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                  |
| 1b. Type of Completion:<br>NEW WELL <input checked="" 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"/> |

|                                                              |                           |
|--------------------------------------------------------------|---------------------------|
| 2. Name of Operator<br>Amoco Production Company              | Attention<br>Patty Haeefe |
| 3. Address of Operator<br>P.O. Box 800 Denver Colorado 80201 | (303) 830-4988            |

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Well Location<br>Unit Letter A : 940 Feet From The North Line and 790 Feet From The East Line<br>Section 8 Township 31N Range 10W NMPM San Juan County |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                 |                                             |                                                             |                                       |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|-------------------------------------------------------------|---------------------------------------|
| 10. Date Spudded<br>2-4-95                                                                     | 11. Date T.D. Reached<br>2-9-95 | 12. Date Compl. (Ready to Prod.)<br>3-31-95 | 13. Elevations (DF & RKB, RT, GR, etc.)<br>5952' GR         | 14. Elev. Casinghead                  |
| 15. Total Depth<br>2990                                                                        | 16. Plug Back T.D.<br>2985      | 17. If Multiple Compl. How Many Zones?<br>2 | 18. Intervals Drilled By<br>Rotary Tools YES Cable Tools NO |                                       |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>2760-2805 Pictured Cliffs |                                 |                                             |                                                             | 20. Was Directional Survey Made<br>No |

|                                                              |                          |
|--------------------------------------------------------------|--------------------------|
| 21. Type Electric and Other Logs Run<br>HRI SP GR SDL ML CBL | 22. Was Well Cored<br>No |
|--------------------------------------------------------------|--------------------------|

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD                       | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|----------------------------------------|---------------|
| 8.625       | 24#            | 267       | 12.250"   | 232 sx Class B                         |               |
| 4.500       | 11.6#          | 2985      | 7.875"    | 620 sx Class B; tail w/ 220 sx Class B |               |
|             |                |           |           |                                        |               |
|             |                |           |           |                                        |               |

LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|------|-----|--------|--------------|--------|
|      |     |        |              |        |
|      |     |        |              |        |

TUBING RECORD

| SIZE  | DEPTH SET | PACKER SET |
|-------|-----------|------------|
| 2.375 | 2803      |            |
|       |           |            |

26. Perforation record (interval, size, and number)

See attachment

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|-------------------------------|
| See attachment |                               |
|                |                               |
|                |                               |

28. PRODUCTION

|                                  |                                                                                |                         |                        |                      |                                                        |                             |
|----------------------------------|--------------------------------------------------------------------------------|-------------------------|------------------------|----------------------|--------------------------------------------------------|-----------------------------|
| Date First Production<br>2-25-95 | Production Method (Flowing, gas lift, pumping - Size and type pump)<br>Flowing |                         |                        |                      | Well Status (Prod. or Shut-in)<br>SI; W/O 1st delivery |                             |
| Date of Test<br>3-27-95          | Hours Tested<br>24                                                             | Choke Size<br>32/64     | Prod'n For Test Period | Oil - Bbl.<br>0      | Gas - MCF<br>585 400                                   | Water - Bbl.<br>0           |
| Flow Tubing Press.<br>103        | Casing Pressure<br>115                                                         | Calculated 24-Hour Rate | Oil - Bbl.<br>0        | Gas - MCF<br>585 400 | Water - Bbl.<br>0                                      | Oil Gravity - API - (Corr.) |

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

To be sold

Test Witnessed By

30. List Attachments

Perf & frac page, C102 (2), C104 (2), C107, 9-section plat, offset operators & addresses, wellbore diagram

31. 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

Signature Patty Haeefe

Printed Name Patty Haeefe

Title Staff Assistant Date 4-14-95

