| NO. OF COPIES RECEIVE              | •                                      |                          |                         |               |                                |                | Form C-10            |                                  |
|------------------------------------|--|--------------------------|-------------------------|---------------|--------------------------------|----------------|----------------------|----------------------------------|
| DISTRIBUTION                       |  |                          | <b>.</b> .              |               | -                              |                | Revised 1            | -1-65                            |
| SANTA FE                           | NEW MEXICO OIL CONSERVATION COMMISSION |                          |                         |               |                                | ON             | Sa. Indicate T       | ype of Lease                     |
| FILE                               | WI                                     |                          | TION OR RECO            |               |                                |                | State                | Fee                              |
| U.S.G.S.                           |  |                          |                         |               |                                |                | 5, State Oil &       | Gas Lease No.                    |
| LAND OFFICE                        |  |                          |                         |               |                                |                | 14-08-00             | 01-12395                         |
| OPERATOR                           |  |                          |                         |               |                                |                | MILLER               |                                  |
| la. TYPE OF WELL                   |  |                          |                         |               |                                | 4              | 7. Unit Agree        | ment Name                        |
| b. TYPE OF COMPLET                 | OIL<br>WELL                            | GAS WELL                 | DRY                     | OTHER_        | Borehole                       | <del></del> -  | Las Milpa            | ·                                |
| NEW I WOR                          | * [                                    | PLUG<br>BACK             | DIFF. RESVR.            | (             | Seologica<br>(plugged          | 1 F            | 8. Farm or Le        |                                  |
| 2. Name of Operator                |  |                          | LI RESVA.               | OTH".         | · · · · · · · · ·              | <u>/</u>       | 9. Well IIo.         |                                  |
| Gas Company 3. Address of Operator | of New Mexi                            | 100                      |                         |               |                                |                | 1                    | Pool, or Wildcat                 |
| •                                  | ional Bldg.                            | ., Suite 1               | 800, Dallas,            | Texas         | 75270                          |                | Gas Stor             | · ·                              |
| 4. Location of Well                |  |                          |                         |               |                                |                |                      | mmmi                             |
| UNIT LETTER                        | 40                                     | 4                        | South                   |               |                                | 080            |                      |                                  |
|                                    |  |                          |                         | LINE AND      | TIXTITI                        | FEET FROM      | 12. County           |                                  |
| West                               |  |                          | IE. NMPM                |               |                                |                | Sandoval             |                                  |
|                                    |  |                          | Compl. (Ready to Pr     | od.) 18.1     | Elevations <i>(D</i><br>* 5829 |                |                      |                                  |
| 6/26/79  <br>20. Total Depth       | 6/26/79                                | Back T.D.                | N/A  22. If Multiple    | Compl., Ho    |                                | ervais , Rota  |                      | N/A<br>, Cable Tools             |
| 215'                               | Sui                                    | rface                    | Many                    |               | Dri                            | lled By ¦      | XX                   | 1                                |
| 14. Freducing Interval(s)          | , of this completion                   | on – Top, Botto:         | n, Name                 |               |                                |                | 25                   | . Was Directional Survey<br>Made |
| None                               |  |                          |                         |               |                                |                |                      | No                               |
| 26. Type Electric and Ot<br>None   | her Logs Run                           |                          |                         |               |                                |                | 27. Was              | s Well Cored<br>NO               |
| 28.                                |  | CA                       | SING RECORD (Repo       | rt all string | s set in well)                 |                |                      |                                  |
| CASING SIZE                        | WEIGHT LB./                            | 1                        | 1                       | E SIZE        |                                | MENTING REC    | CORD                 | AMOUNT PULLED                    |
| None                               |  |                          | 1                       | 3/4           |                                |                | w/4% gel             |                                  |
|                                    | <u> </u>                               |                          |                         |               |                                | d to surf      |                      | 1,77                             |
|                                    |  |                          | -                       |               | Comerce                        | u to sui i     | ucc /                |                                  |
|                                    |  |                          |                         |               |                                |                |                      |                                  |
|                                    | LII                                    | NER RECORD               |                         |               | 30.                            |                | TUBING RECOI         | !<br>?D                          |
| SIZE                               | TOP                                    | воттом                   | SACKS CEMENT            | SCREEN        | 512                            |                | EPTH SET             | T                                |
|                                    |  | 5011011                  | JACKS CEMENT            | SCREEN        | 312                            |                | EFIN SEI             | PACKER SET                       |
|                                    |  |                          |                         | A CO          |                                |                |                      |                                  |
| 31. Ferforation Record (           | nterval, size and                      | number)                  |                         | 32.           | ACID, SHOT                     | , FRACTURE,    | CEMENT SOU           | EEZE, ETC.                       |
|                                    |  |                          | 0 1                     | 981PEP H      | INTERVAL                       | AMO            | UNT AND KIND         | MATERIAL USED                    |
|                                    |  | *                        | k titi in .             | OM.           | <u>:</u>                       |                |                      |                                  |
|                                    |  |                          | $I$ $COl_{A^{*}}$       | 3             | <del>i</del>                   |                |                      |                                  |
|                                    |  |                          | OIL DIST.               |               |                                |                |                      |                                  |
| 33.                                |  |                          |                         | ICTION        |                                |                |                      |                                  |
| Date First Production              | Produc                                 | tion Method (Flo         | wing, gas lift, pumpi   | ng - Size ar  | id type pump)                  |                | Well Status<br>Plugg | (Prod. or Shut-in)               |
| rate of Test                       | Hours Tested                           | Choke Size               |                         | 711 — Bbl.    | Gas -                          | MCF Wat        |                      | Gas-Cil Ratio                    |
|                                    |  |                          | Test Period             |               |                                |                |                      |                                  |
| Flow Turing Fress.                 | Casing Pressure                        | Calculated 2<br>How Rate | 4- Cil = Bbl.           | Gas — 1       | MCF                            | Water - Ebi.   | Oil G                | Gravity — API (Corr.)            |
| 34. Disposition of Gas (           | Sold, used for fuel                    | , vented, etc.)          | L                       |               |                                | Te             | st Witnessed By      |                                  |
| 35. List of Attachments            |  | <del></del>              |                         |               |                                |                |                      | •                                |
|                                    | ·                                      |                          |                         |               |                                |                |                      |                                  |
| 36. I hereby certify that          | the information sh                     | gun on both sid          | es of this form is true | e and comple  | te to the bes                  | t of my knowle | dge and belief.      |                                  |
| Ra                                 | SIN                                    | Se I                     |                         | & Prod        | uction E                       | ngineer        | .11.                 | y 20, 1981                       |
| SIGNEDY 12 VA                      |  |                          | ) TITLEDI 19            |               |                                |                | DATE                 | J -0, 1201                       |

## 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 derins 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. Fenn. "B"\_ T. Salt \_\_\_\_\_\_ T. Strawn \_\_\_\_\_ T. Kirtland-Fruitland \_\_\_\_\_ T. Penn. "C" \_\_\_\_\_ \_\_\_\_\_\_Т. Atoka \_\_\_\_\_\_ T. Pictured Cliffs \_\_\_\_\_ T. Penn. "D" \_\_\_\_\_ T. Miss \_\_\_\_\_ T. Cliff House \_\_\_\_\_ T. Leadville \_\_\_\_\_ T. Yates\_\_\_\_ 7 Rivers \_\_\_\_\_\_ T. Devonian \_\_\_\_\_ T. Menefee \_\_\_\_\_ T. Madison \_\_\_ Queen \_\_\_\_\_\_ T. Silurian \_\_\_\_\_ T. Point Lookout \_\_\_\_\_ T. Flbert \_\_\_\_\_ T. Grayburg \_\_\_\_\_\_ T. Montoya \_\_\_\_\_ T. McCracken \_\_\_\_\_ T. McCracken \_\_\_\_\_ Simpson \_\_\_\_\_\_ T. Gallup \_\_\_\_\_ T. Ignacio Qtzte \_\_\_\_\_ T. San Andres \_\_\_\_\_ T Glorieta \_\_\_\_\_ T. McKee \_\_\_\_ Τ. Base Greenhorn \_\_\_\_\_\_ T. Granite \_\_\_\_ Paddock \_\_\_\_\_\_ T. Ellenburger \_\_\_\_\_ T. Dakota \_\_\_\_\_ T. \_\_\_ Blinebry \_\_\_\_\_\_ T. Gr. Wash \_\_\_\_\_ T. Morrison \_\_\_\_\_ T. \_\_\_ T. T. \_\_\_\_\_\_ T. Granite \_\_\_\_ \_\_\_\_\_\_ T. Todilto \_\_\_\_\_\_ T. \_\_\_\_ Ţ. Tubb \_\_\_\_ T. Drinkard \_\_\_\_\_\_ T. Delaware Sand \_\_\_\_\_ T. Entrada \_\_\_\_\_ T. T. Abo\_\_\_\_\_\_T. Bone Springs\_\_\_\_\_T. Wingate\_\_\_\_\_\_T. T. Wolfcamp\_\_\_\_\_ T. \_\_\_\_\_\_ T. Chinle \_\_\_\_\_\_ T. \_\_\_\_ T Cisco (Bough C) \_\_\_\_\_ T. \_\_\_\_ T. Penn. "A" \_\_\_\_ T. \_\_\_\_ T.

## FORMATION RECORD (Attach additional sheets if necessary)

| From | То   | Thickness<br>in Feet | Formation | From | То                    | Thickness<br>in Feet | Formation |
|------|------|----------------------|-----------|------|-----------------------|----------------------|-----------|
| 180' | 215' | 35'                  | Entrada   |      |                       |                      |           |
| 215' | 215' | N/A                  | Chin Lea  |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      | -    |                      |           |      | PROFESSION CONTRACTOR |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |
|      |      |                      |           |      |                       |                      |           |

| • O. Of the state   |   |
|---|---|
| DISTRIBUTION  | Supersedes Old  |
| NEW MEXICO OIL CONSERVATION COMMISSION  | C-102 and C-103<br>Effective 1-1-65   |
| LE  |   |
| s.g.s.  | 5a. Indicate Type of Lease  |
| AND OFFICE  | State Fee   |
| PERATOR.  | 5. State Cil & Gas Lease No.<br>14+08-0001-12395  |
| SUNDRY NOTICES AND REPORTS ON WELLS  IDO NOT USE THIS FORM FOR PROPOSALS TO DELLA OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PLAMIT _" IFORM C-1011 FOR SUC- PROPOSALS."   |   |
| OIL CAS DOTHER Borehole   | 7. Unit Agreement Name . Las Milpas   |
| Gas Company of New Mexico   | San Ysidro  |
| Address of Operator 1st International Bldg., Suite 1800 Dallas, TX 75270  | 9. Well No.<br>5B   |
| Location of Well  N 404 South LINE AND 2080   | 10. Field and Pool, or Wilson Gas Storage   |
| THE West LINE, SECTION 20 TOWNSHIP TOWNSHIP RANCE TE  |   |
| THE RANCE HMPM.  15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County  |
| 5829' GL  | Sandoval  |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other   |   |
| NOTICE OF INTENTION TO: SUBSEQUENT  | REPORT OF:  |
|   |   |
| TRESORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  | ALTERING CASING   |
| EMPORARILY ABANDON COMMENCE DRILLING OPHS. A  | PLUG AND ABANDONMENT  |
| CHANGE PLANS CASING TEST AND CEMENT JOB COTHER  | نا  |
| OTHER   |   |
|   | •   |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1903.  | estimated date of starting any proposed   |
|   | •   |
|   |   |
| Moved in L & B Speed Drilling and drilled 4 3/4" hole to 215' us  | sing air as   |
| drilling medium. The hole was drilled to $215^{\circ}$ and the samples was drilled in Geological evaluation of the area, (spudded $6/26/79$ ), (  | vere used to<br>Dlugged 10/16/79).  |
| The hole was cemented from TD to the surface.   |   |
| The surface area has been cleaned up by the Gas Company of New Me   | exico.  |
|   |   |
|   | 50  |
|   |   |
| 6 Bale Said   |   |
|   | SOME THE STATE OF   |
|   | 1901   [1010]   300 |
|   | The first of  |
|   | 3 / / 7   |
|   |   |
|   |   |
| . I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |
| $\mathcal{O}_{\mathcal{O}} = \mathcal{O}_{\mathcal{O}} \cup $ |   |
| TITLE Drlg & Production Engineer  | DATE July 20, 1981  |
|   |   |
| Supplies the District 類素。   | Long Control C  |
| PAGYED & Priginal Signed by FRANK T. CHAYEZ   | DATE  |
|   |   |