

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

Form C-105
 Revised 1-1-89

WELL API NO.
30-005-21090

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
E-8662301

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL GAS WELL DRY OTHER _____
 b. Type of Completion: NEW WELL WORK OVER DEEPEN FLUG BACK DIFF RESVR OTHER _____

7. Lease Name or Unit Agreement Name
NM CAP

2. Name of Operator
CITIZEN OPERATING, Inc

8. Well No.
1

3. Address of Operator
P.O. Box 1799 Midland TX

9. Pool name or Wildcat
Caprock Queen

4. Well Location
 Unit Letter F: 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
 Section 19 Township 15S Range 31E NMPM CITAVES County

10. Date Spudded 9/22/89 11. Date T.D. Reached 9/28/89 12. Date Compl. (Ready to Prod.) 10/13/89 13. Elevations (DF & RKB, RT, GR, etc.) 4452 GR 14. Elev. Casinghead

15. Total Depth 3,170 16. Plug Back T.D. 3,150 17. If Multiple Compl. How Many Zones? _____ 18. Intervals Drilled By Rotary Tools Cable Tools _____

19. Producing Interval(s), of this completion - Top, Bottom, Name 3090 to 3101 20. Was Directional Survey Made YES

21. Type Electric and Other Logs Run _____ 22. Was Well Cored NO

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8</u>	<u>24#</u>	<u>519</u>	<u>12 1/4</u>	<u>325 SK C</u>	<u>NONE</u>
<u>4 1/2</u>	<u>11.60#</u>	<u>3170</u>	<u>7 7/8</u>	<u>600 SK C</u>	<u>1200'</u>

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

26. Perforation record (interval, size, and number) 1
 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
 DEPTH INTERVAL _____ AMOUNT AND KIND MATERIAL USED _____

28. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) _____
 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.) _____

29. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

30. List Attachments _____

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 _____ Printed Name DAVID H. HARRISON Title PRESIDENT Date 5/31/91

RECEIVED

JUN 07 1991

MOBBS OFFICE