

Submits to Appropriate District Office
 State Leases - 6 copies
 Fee Leases - 5 copies
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-105
 Revised 1-1-89

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

WELL API NO. _____
 5. Indicate Type of Lease STATE FEE
 6. State Oil & Gas Lease No. _____

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. Type of Well: OIL WELL GAS WELL DRY OTHER _____
 7. Lease Name or Unit Agreement Name
 O'Connell

2. Name of Operator
 Corona Oil Company
 3. Address of Operator
 4835 LBJ Freeway, Suite 635, Dallas, TX 75234
 4. Well Location
 Unit Letter 0 : 33 Feet From The South Line and 165 Feet From The East Line
 Section 10 Township 11 N Range 25 E NMPM Guadalupe County

8. Well No. 7
 9. Pool name or Wildcat
 Wildcat

10. Date Spudded 8/12/80 11. Date T.D. Reached 8/17/80 12. Date Compl. (Ready to Prod.) Not Completed 13. Elevations (DF & RKB, RT, GR, etc.) 4555.0 GR 14. Elev. Casinghead _____
 15. Total Depth 525' 16. Plug Back T.D. _____ 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
Not Completed 20. Was Directional Survey Made
No
 21. Type Electric and Other Logs Run
None 22. Was Well Cored
Yes

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	32#	25'	11"	8 sacks	0

24. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

26. Perforation record (interval, size, and number)
 Capped well and holding for possible enhanced recovery

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's 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. Log 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 [Signature] Printed Name RAMON KLIBS Title V.P. Date 9/10/92

