

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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-105  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**  
 2040 Pacheco St.  
 Santa Fe, NM 87505

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

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

WELL API NO. 30-025-34642
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Lease Name or Unit Agreement Name Kool
b. Type of Completion: 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 _____	

2. Name of Operator Capataz Operating Inc	8. Well No. 1
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3. Address of Operator PO Box 10549, Midland, TX 79702	9. Pool name or Wildcat Blinebry Oil & Gas
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4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line	
Section <u>14</u>	Township <u>20S</u> Range <u>38E</u> NMPM <u>Lea</u> County

10. Date Spudded 1700 hrs 6/18/99	11. Date T.D. Reached 07/02/99	12. Date Compl. (Ready to Prod.) 07/24/99	13. Elevations (DF& RKB, RT, GR, etc.) 3572 GR	14. Elev. Casinghead 3572
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15. Total Depth 7760	16. Plug Back T.D. --	17. If Multiple Compl. How Many Zones? --	18. Intervals Drilled By Rotary Tools <u>XX</u> Cable Tools
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19. Producing Interval(s), of this completion - Top, Bottom, Name Blinebry 5998-6526	20. Was Directional Survey Made No
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21. Type Electric and Other Logs Run CNDL, DLL	22. Was Well Cored No
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23. **CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24#	1617'	12-1/4	602sx 50/50 POZ "C" + 265sx Class "C"	--
5-1/2	17#	7760'	7-7/8	775sx 35/65 POZ "C" + 450sx POZ "C"	--

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	5910	5848

26. Perforation record (interval, size, and number)			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.						
5970-76	1JSPF	7 Holes	<table border="1"> <thead> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td>5970-6100</td> <td>A/2000 15%Nefe 63,804gal, 180,270 lbs 20/40 Sand</td> </tr> </tbody> </table>			DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	5970-6100	A/2000 15%Nefe 63,804gal, 180,270 lbs 20/40 Sand
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED								
5970-6100	A/2000 15%Nefe 63,804gal, 180,270 lbs 20/40 Sand								
5984-92	1JSPF	9 Holes							
6020-48	1JSPF	29 Holes							
6080-6100	1JSPF	21 Holes							

28. **PRODUCTION**

Date First Production 7-24-99		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Prod.	
Date of Test 8-2-99	Hours Tested 24	Choke Size 32/64	Prod'n For Test Period	Oil - Bbl. 85	Gas - MCF 240	Water - Bbl. 85	Gas - Oil Ratio
Flow Tubing Press. 75	Casing Pressure --	Calculated 24-Hour Rate	Oil - Bbl. 85	Gas - MCF 240	Water - Bbl. 85	Oil Gravity - API - (Corr.) 42	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold	Test Witnessed By H Scott Davis
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30. List Attachments  
 Open Hole Logs, CNDL, MLL, DLL

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 H Scott Davis Title Agent Date 8-01-99

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division 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 depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 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

- T. Anhy \_\_\_\_\_
- T. Salt \_\_\_\_\_
- B. Salt \_\_\_\_\_
- T. Yates \_\_\_\_\_
- T. 7 Rivers \_\_\_\_\_
- T. Queen \_\_\_\_\_
- T. Grayburg \_\_\_\_\_ 4097
- T. San Andres \_\_\_\_\_ 4260
- T. Glorieta \_\_\_\_\_
- T. Paddock \_\_\_\_\_
- T. Blinebry \_\_\_\_\_ 5998
- T. Tubb \_\_\_\_\_ 6527
- T. Drinkard \_\_\_\_\_
- T. Abo \_\_\_\_\_ 7136
- T. Wolfcamp \_\_\_\_\_
- T. Penn \_\_\_\_\_
- T. Cisco (Bough C) \_\_\_\_\_
- T. Canyon \_\_\_\_\_
- T. Strawn \_\_\_\_\_
- T. Atoka \_\_\_\_\_
- T. Miss \_\_\_\_\_
- T. Devonian \_\_\_\_\_
- T. Silurian \_\_\_\_\_
- T. Montoya \_\_\_\_\_
- T. Simpson \_\_\_\_\_
- T. McKee \_\_\_\_\_
- T. Ellenburger \_\_\_\_\_
- T. Gr. Wash \_\_\_\_\_
- T. Delaware Sand \_\_\_\_\_
- T. Bone Springs \_\_\_\_\_
- T. \_\_\_\_\_
- T. \_\_\_\_\_
- T. \_\_\_\_\_
- T. \_\_\_\_\_

### Northwestern New Mexico

- T. Ojo Alamo \_\_\_\_\_
- T. Kirtland-Fruitland \_\_\_\_\_
- T. Pictured Cliffs \_\_\_\_\_
- T. Cliff House \_\_\_\_\_
- T. Menefee \_\_\_\_\_
- T. Point Lookout \_\_\_\_\_
- T. Mancos \_\_\_\_\_
- T. Gallup \_\_\_\_\_
- Base Greenhorn \_\_\_\_\_
- T. Dakota \_\_\_\_\_
- T. Morrison \_\_\_\_\_
- T. Todilto \_\_\_\_\_
- T. Entrada \_\_\_\_\_
- T. Wingate \_\_\_\_\_
- T. Chinle \_\_\_\_\_
- T. Permian \_\_\_\_\_
- T. Penn "A" \_\_\_\_\_
- T. Penn. "B" \_\_\_\_\_
- T. Penn. "C" \_\_\_\_\_
- T. Penn. "D" \_\_\_\_\_
- T. Leadville \_\_\_\_\_
- T. Madison \_\_\_\_\_
- T. Elbert \_\_\_\_\_
- T. McCracken \_\_\_\_\_
- T. Ignacio Otzte \_\_\_\_\_
- T. Granite \_\_\_\_\_
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- T. \_\_\_\_\_

### OIL OR GAS SANDS OR ZONES

- No. 1, from.....to.....
- No. 2, from.....to.....
- No. 3, from.....to.....
- No. 4, from.....to.....

### IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

- No. 1, from.....to.....feet.....
- No. 2, from.....to.....feet.....
- No. 3, from.....to.....feet.....

### LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology

**DISTRICT I**  
 P. O. Box 1980  
 Hobbs, NM 88241-1980

State of New Mexico  
 Energy, Minerals, and Natural Resources Department

Form C-102  
 Revised 02-10-94  
 Instructions on back

**DISTRICT II**  
 P. O. Drawer DD  
 Artesia, NM 88211-0719

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

Submit to the Appropriate  
 District Office  
 State Lease - 4 copies  
 Fee Lease - 3 copies

**DISTRICT III**  
 1000 Rio Brazos Rd.  
 Zia, NM 87410

AMENDED REPORT

**DISTRICT IV**  
 P. O. Box 2088  
 Santa Fe, NM 87507-2088

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1 API Number 30-025-34642		2 Pool Code 06660		3 Pool Name Blinedry D4G	
4 Property Code 24693		5 Property Name KOOL			6 Well Number 1
7 OGRID No. 3659		8 Operator Name CAPATAZ OPERATING, INC.			9 Elevation 3572'

**10 SURFACE LOCATION**

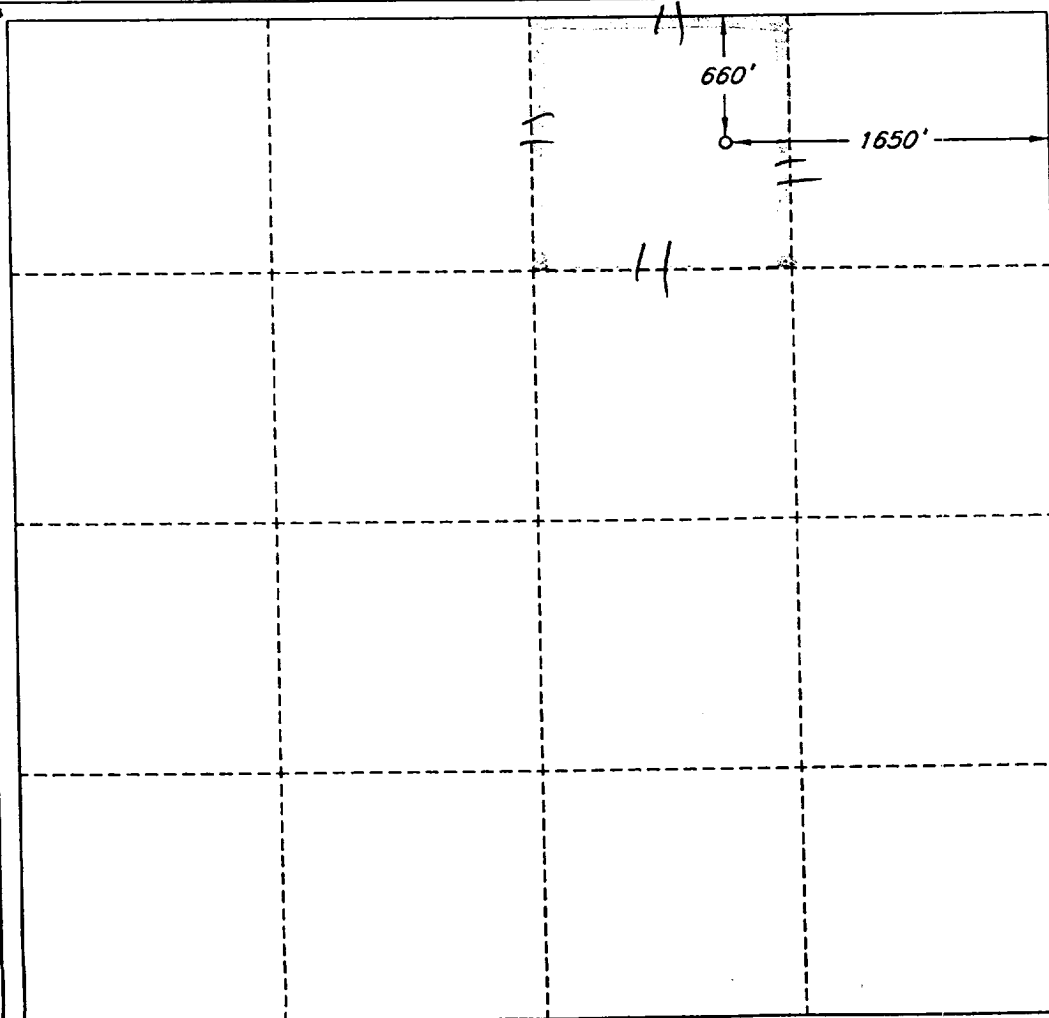
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
B	14	20 SOUTH	38 EAST, N.M.P.M.		660'	NORTH	1650'	EAST	LEA

**11 BOTTOM HOLE LOCATION IF DIFFERENT FROM SURFACE**

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres 40	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WELL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



**OPERATOR CERTIFICATION**  
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *[Signature]*  
 Printed Name: H. SCOTT DAVIS  
 Title: AGENT  
 Date: 5/28/99

**SURVEYOR CERTIFICATION**  
 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: MAY 26, 1999

Signature and Seal: *[Signature]*  
 Professional Surveyor: ROGER M. ROBBINS  
 Certificate No.: 12128  
 JOB #63718

07