

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505				<b>Form C-105</b> July 17, 2008			
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black; color: white; font-size: 2em; font-weight: bold; text-align: center; line-height: 1;">             RECEIVED              JUN 02 2009              HOBBSD           </div> </div>		1. WELL API NO. <b>30-025-23907</b>							
2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN						3. State Oil & Gas Lease No.			
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>									
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input checked="" type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name Cossatot A  6. Well Number:  2			
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input checked="" type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER									
8. Name of Operator John H. Hendrix Corporation						9. OGRID 012024			
10. Address of Operator P. O. Box 3040, Midland, TX 79702-3040						11. Pool name or Wildcat  Blinebry Oil & Gas (6660)			
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the N/S Line	Feet from the E/W Line	County	
Surface:	A	12	22S	37E		990	990	Lea	
BH:									
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.) 3350' GL			
				3/28/09					
18. Total Measured Depth of Well 7062'		19. Plug Back Measured Depth 7026'		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run			
22. Producing Interval(s), of this completion - Top, Bottom, Name 5518-5700' Blinebry Oil & Gas									
<b>23. CASING RECORD (Report all strings set in well)</b>									
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD	
NC									
<b>24. LINER RECORD</b>									
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN					
<b>25. TUBING RECORD</b>									
SIZE	DEPTH SET		PACKER SET						
2 3/8"	6996'								
26. Perforation record (interval, size, and number)  5518', 5533', 5547', 5559', 5577', 5593', 5610', 5625', 5644', 5657', 5670', 5681', 5691', 5700'. 1 - 1/2" JHPF and 14 total holes.									
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 5518-5700'      3000 gal acid 15% nefe HCl									
<b>28. PRODUCTION</b>									
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)			
4/16/09		Pumping 2" x 1 1/4" x 16"				Prod			
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period 24 hr	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio		
4/20/09	24			3.5	26	5			
Flow Tubing Press.	Casing Pressure 30#	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)			
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						30. Test Witnessed By			
sold									
31. List Attachments									
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.									
33. If an on-site burial was used at the well, report the exact location of the on-site burial:									
Latitude _____ Longitude _____ NAD 1927 1983									
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				Title			
		Carolyn Doran Haynes				Engineer			
E-mail Address						Date			
cdoranhaynes@jhhc.org						5/29/09			