

| | | | | | |
|---|-------------------------------------|--|--|--|---|
| Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | Form C-105 Revised August 1, 2011 | |
| | | 1. Well API No. 30-015-39724 | | 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | |
| | | 3. State Oil & Gas Lease No. | | 5. Lease Name or Unit Agreement Name SINCLAIR STATE | |
| | | | | 6. Well Number: 2 | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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) | | | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | |
| 8. Name of Operator ALAMO PERMIAN RESOURCES, L.L.C. | | | | 9. OGRID 274841 | |
| 10. Address of Operator 415 W. WALL STREET SUITE 500, MIDLAND, TX 79701 | | | | 11. Pool name or Wildcat SQUARE LAKE, GRAYBURG-SAN ANDRES 57570 | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot |
| Surface: | P | 9 | 17S | 29E | P |
| BH: | | | | | |
| 13. Date Spudded 01/11/2012 | 14. Date T.D. Reached 01/15/2012 | 15. Date Rig Released 01/16/2012 | 16. Date Completed (Ready to Produce) 5/22/2012 | | 17. Elevations (DF and RKB, RT, GR, etc.) |
| 18. Total Measured Depth of Well 2658 | | 19. Plug Back Measured Depth 2460 | | 20. Was Directional Survey Made? YES | 21. Type Electric and Other Logs Run GR, NEUTRON |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | |
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 8.625 | 24#/H 40 | 375 | 12.25 | 300 | N/A |
| 5.5 | 17#/J 55 | 2658 | 7.875 | 550 | N/A |
| 24. LINER RECORD | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | 25. TUBING RECORD |
| NONE | | | | | SIZE DEPTH SET PACKER SET |
| 26. Perforation record (interval, size, and number) | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | |
| DATE | TOP | BOTTOM | SHOTS/FT | SIZE | NUMBER HOLES |
| 5/3/12 | 2485 | 2600 | 2 | 19 | 50 |
| 5/3/12 | 2208 | 2431 | 2 | 19 | 48 |
| 5/9/12 | 2208 | 2431 | 2 | 19 | 48 |
| | | | | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
| | | | | 2485-2600 | 47,635# SAND IN 32,592 GALS FLUID |
| | | | | 2208-2431 | 2486 GALS 15% NEFE |
| | | | | 2208-2431 | 81,617# SAND IN 50,988 GALS FLUID |
| 28. PRODUCTION | | | | | |
| Date First Production 5/23/2012 | | Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING | | | Well Status (Prod or Shut-in) PRODUCING |
| Date of Test 5/30/2012 | Hours Tested 24 | Choke Size N/A | Prod'n For Test Period | Oil - Bbl 7 | Gas - MCF N/A |
| | | | | Water - Bbl 8 | Gas - Oil Ratio O |
| Flow Tubing Press. 200 | Casing Pressure 20 | 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 |
| 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 Date 06/06/2012 | | Printed Name CARIE STOKER | | Title REGULATORY AFFAIRS COORDINATOR | |
| E-mail Address cstoker@helmsoil.com | | <i>Provide log detail or exception</i> | | | |

