

Submit To Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 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> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised June 10, 2003  WELL API NO. 30-015-34898  5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>  State Oil & Gas Lease No. <u>891011213</u>			
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>					
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____  b. Type of Completion: NEW <input checked="" type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. <input type="checkbox"/> WELL OVER BACK RESVR. <input type="checkbox"/> OTHER _____		7. Lease Name or Unit Agreement Name Lake Wood 15  8. Well No. <u>6</u>  9. Pool name or Wildcat Wildcat Bone Spring			
2. Name of Operator Pogo Producing Company  3. Address of Operator P. O. Box 10340, Midland, TX 79702-7340  4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line  Section <u>15</u> Township <u>19S</u> Range <u>26E</u> NMPM <u>Eddy</u> County _____		CONFIDENTIAL			
10. Date Spudded 06/09/06 11. Date T.D. Reached 07/06/06 12. Date Compl. (Ready to Prod.) 09/08/06 13. Elevations (DF& RKB, RT, GR, etc.) 3340' 14. Elev. Casinghead 3341' 15. Total Depth 8000' 16. Plug Back T.D. 7000' 17. If Multiple Compl. How Many Zones? _____ 18. Intervals Drilled By _____ Rotary Tools 0-8000 Cable Tools _____		19. Producing Interval(s), of this completion - Top, Bottom, Name Bone Spring 6702-6734 20. Was Directional Survey Made Yes 21. Type Electric and Other Logs Run DSN/SDL, DLL/MSFL 22. Was Well Cored No			
<b>23. CASING RECORD (Report all strings set in well)</b>					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	520'	17-1/2	445 sks	
8-5/8	32	1115'	11	600 sks	
5-1/2	15.5 & 17	8000'	7-7/8	450 sks	
<b>24. LINER RECORD</b>					
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	
<b>25. TUBING RECORD</b>				SIZE	DEPTH SET
				2-7/8	6661
<b>26. Perforation record (interval, size, and number)</b>				<b>27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.</b>	
7892-7906 ( 2 spf )				DEPTH INTERVAL	
7102-7158 ( 2 spf )				AMOUNT AND KIND MATERIAL USED	
6702-6734 ( 2 spf )				7892-7906 Acdz w/ 1500 gals 15% acid	
				7102-7158 Acdz w/ 1500 gals 15% acid	
				6702-6734 Acdz w/ 2500 gals 15% acid. Frac w/ 2000# 100 mesh + 114,000# 20/40 white sand + 30,370# 16/30 SLC	
<b>28. PRODUCTION</b>					
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)		Well Status (Prod. or Shut-in)	
09/09/06		Pumping		Producing	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF
09/11/06	24 hrs			6	48
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.
					Oil Gravity - API - (Corr.)
					40.1
29. Disposition of Gas (Sold, used for fuel, vented, etc.)					Test Witnessed By
Sold					Allen Riff
30. List Attachments					
C-104, C-102, Sundry, Logs, Deviation Survey					
31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief					
Signature <u>Cathy Wright</u>		Printed Name Cathy Wright		Title Sr. Eng Tech	Date 09/12/06
E-mail Address wrightc@pogoproducing.com					

# 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		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen <u>572</u>	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg <u>912</u>	T. Montoya	T. Mancos	T. McCracken
T. San Andres <u>1329</u>	T. Simpson	T. Gallup	T. Ignacio Oztze
T. Glorieta <u>3075</u>	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T
T. Blinebry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Delaware Sand	T. Todilto	T
T. Drinkard	T. Bone Springs <u>3806</u>	T. Entrada	T.
T. Abo	T. Yeso <u>3215</u>	T. Wingate	T.
T. Wolfcamp <u>7079</u>	T. 3 <sup>rd</sup> BS Lime <u>6790</u>	T. Chinle	T.
T. Penn	T.	T. Permian	T.
T. Cisco (Bough C) <u>7867</u>	T.	T. Penn "A"	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