| Submit Fo Appropriate District Office State Lease - 6 copies | | | State of New Mexico | | | | Form C-105 | | | | | |
|--|--|---------------|---|---------------|--------------|------------|--|-------------------------------------|--------------|--|-------------------|--|
| Fee Lease - 5 copies District I | | Ene | Energy, Minerals and Natural Resources | | | - | Revised June 10, 2003 WELL API NO. | | | | | |
| 1625 N French Dr. I | Hobbs, NM 88240 | | 0.1.0 | | | | 30-015-33659 | | | | | |
| | nue, Artesia, NM 88210 | | Oil Conservation Division 1220 South St. Francis Dr. | | | | 5. Indicate Type of Lease | | | | | |
| 1000 Rio Brazos Rd District IV | , Aztec, NM 87410 | | Santa Fe, NM 87505 | | | | | STATE FEE State Oil & Gas Lease No. | | | | |
| 1220 S St Francis Dr , Santa Fe, NM 87505 | | | | | | | | | | 774 1944 200 200 200 200 200 200 200 200 200 2 | Carlo Carlo Carlo | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG 1a Type of Well. | | | | | | | 7 Lease Name or Unit Agreement Name | | | | | |
| OIL WELL GAS WELL DRY OTHER | | | | | | | / Lease Name | or Omt Ag | reement iv | anc | | |
| b. Type of Completion NEW WORK DEEPEN PI.UG DIFF WELL OVER BACK RESVR OTHER | | | | | | | Dime State | | | | | |
| 2 Name of Operator | | | | | | | | 8 Well No | | | | |
| Marbob Energy Corporation | | | | | | | | | <u>l</u> | | | |
| 3 Address of Operator PO Box 227 | | | | | | | 9. Pool name or Wildcat | | | | | |
| Artesia, NM 88211-0227 4 Well Location | | | | | | | | Wildcat, Atoka (Gas) | | | | |
| | | | | | | | | _ | | _ | | |
| Unit Letter | J198 | 0 Feet From | m The South | Line | and | 158 | 80 Fee | t From The | | East | Line | |
| Section | 30 | Township | 18S Range | 28E | | <u>иРМ</u> | | Eddy | | Count | у | |
| 10 Date Spudded 11/9/04 | 12/5/04 | ned 12 1 | Date Compl (Ready to Prod.) 12/1/07 |) 13. | Elevations (| | KKB, KT, GK, 61' GL | R, etc.) 14. Elev. Casinghead | | | | |
| 15 Total Depth | | | 17. If Multiple Compl. Hov | v Many | | | Rotary Tools | | Cable Tools | | | |
| 10780 | . 10780' (CIBP @ | | | | Drilled By | | 0 – 10780' | | 1 | | | |
| 19 Producing Inte | rval(s), of this comple | | ttom, Name ' – 10129' Atoka | | | | 2 | 0. Was Dir | | urvey Made No | | |
| 21 Type Electric and Other Logs Run None | | | | | | | 22. Was Well Cored | | | | | |
| 23. | | • | CASING RECO | RD (Re | port all s | trin | gs set in w | ell) | | | | |
| CASING SIZ | HOLE SIZE CEMENTING RECORD AMOUNT PULLED | | | | | | | LED | | | | |
| 13 3/8" | | .5# | 432' | | 17 ½" | | 425 sx | | None | | | |
| 9 5/8" 5 ½" | | 5# 7# | 2235' | 12 ¼" 8 ¾" | | | 800 sx 1750 sx | | None None | | | |
| <u> </u> | | | | | 0 /4 | | 1730 | 571 | | - | | |
| | | | | | | | | | | | | |
| SIZE | TOP | ВОТТОМ | LINER RECORD SACKS CEMENT | LSCREEN | SCREEN S12 | | | | | | | |
| SIZE | 101 | BOTTOW | SACKS CEWENT | GCREEN 31 | | SIZI | 2 3/8" DEPTH S | | | | | |
| | | | | | | | | | | | | |
| 26. Perforation r | ecord (interval, size, a | nd number) | | DEDTU | INTEDVAL | | AMOUNTAN | ID VIND A | 4ATCDIAL | LUCED | | |
| 9937'- 10129' (15 shots) DEPTH IN 9937'- | | | | | | | AMOUNT AND KIND MATERIAL USED Acdz w/ 2500 gal NE Fe 15% HCl | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 28 | l n | - dustran Mad | | ODUC1 | | | Two no. | 'D I GI | | | | |
| Date First Product | ion P | roduction Met | hod (Flowing, gas lift, pumpi | ng - Size and | a type pump) | ' | Well Status (| Proa or Sh | iut-in) | | | |
| Date of Test | 8/07 Hours Tested | Choke Size | Flowing Prod'n For | Oıl – Bb | 1 | Cas | - MCF | Water - B | Producing | Gas - Oil Ra | **** | |
| | İ | Choke Size | Test Period | | | Gas | - MCF | . water - D | וטי | Uas - Oli Ka | ilio | |
| 12/30/07 Flow Tubing | Casing Pressure | Calculated 2 | 24- Oıl - Bbl | | 0 - MCF | W | 6 ater - Bbl | |) | DI Court | | |
| Press | Casing Pressure | Hour Rate |) | Jas | WICT | " | alci - Dui | Oil Gravity - AP | | ri - (C <i>orr)</i> . | | |
| 29 Disposition of Gas (Sold, used for fuel, vented, etc.) | | | | | | | | est Witnes | sed By | | | |
| Sold | | | | | | | Raymond Gabaldon | | | | | |
| 30 List Attachmen | | | | None | | | | | | | | |
| 31 Thereby certi, | ty that the informati | on shown on | both sides of this form as | true and c | omplete to | the b | est of my knov | vledge and | l helief | | | |
| Signature | L'all | (08N) | Printed Name Diana J. | Briggs | Title I | Prod | uction Analy | rst | Da | ate 1/15/08 | ; | |
| E-mail Address | production@n | arbob com | | | | | ĺ | | | | | |
| L-man /tuuress | production | iai oop.şoili | | | | | | | | | | |