

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Dry ☐ Other

b. Type of Completion: ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr., Other

2. Name of Operator
Peoples Energy Production - TX, L.P.

3. Address **1301 McKinney, Ste. 3200, Houston TX 77010** 3a. Phone No. (include area code) **713-890-3614**

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface **670' FSL & 1935' FEL of Sec25, T32N, R9W**
At top prod. interval reported below
At total depth **670' FSL & 1935' FEL S25, T32N, R9W**

14. Date Spudded **10-23-05** 15. Date T.D. Reached **11-02-05** 16. Date Completed ☐ D & A ☒ Ready to Prod. **11/26/05**

17. Elevations (DF, RKB, RT, GL)* **6793 GL**

18. Total Depth: MD **6400'** TVD **6400'** 19. Plug Back T.D.: MD **6075'** TVD **6075'** 20. Depth Bridge Plug Set: MD **NA** TVD **NA**

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
No open hole logs, Cased hole Gas Spectrum & CBL

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run ☒ No ☐ Yes (Submit report)
Directional Survey? ☒ No ☐ Yes (Submit copy)

Hole Size	Size/Grade	Wt. (#ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12 1/4"	9.625J55	36	0	236		110 C1 C	1.33	Surf.	NA
8 3/4"	7 J55	23	0	3815	3135	135 C1 G	2.11	3135	NA
						375 C1 G	2.11	Surf.	
6 1/4"	4.5 J55	10.5	0	6399		140 C1 G	2.28	2000 CBL	NA
						220 C1 G	1.50		

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8"	5898	NA						

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Mesa Verde	4900	6084	5336-6082	.34"	29	Open
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
5336-6082	Acidize w/ 1450 gal & 7.5% HCL
5336-6082	Frac w/ 200,000# 20/40 Brady Mesh & 100,000 gal AmBro Max 1015

28. Production - Interval A

Date First Produced 11/26/05	Test Date 11/26/05	Hours Tested 24	Test Production →	Oil BBL 0	Gas MCF 627	Water BBL 19	Oil Gravity NA	Gas Gravity .618	Production Method Flowing
Choke Size 32/64	Tbg. Press. Flwg. SI 87	Csg. Press. 87	24 Hr. →	Oil BBL 0	Gas MCF 627	Water BBL 19	Gas: Oil Ratio NA	Well Status WO Pipeline	Flowing

28a. Production-Interval B

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

NMCCD

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

28c. Production-Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold (Test was vented)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Coré intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
1st Otero	4900	5324			
Cliff House	5324	5724			
Menefee	5724	5997			
Pt Lookout	5997	6084			

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Survey
 ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Dianne SumrallTitle Prod & Reg Supervisor

Signature

Date 12/11/05

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., 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

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-33052
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Gardner
8. Well Number 15
9. OGRID Number 225711
10. Pool name or Wildcat Mesa Verde
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

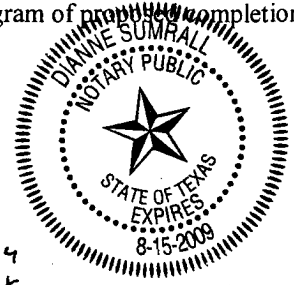
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Peoples Energy Production - TX, L.P.
3. Address of Operator 1301 McKinney, Ste. 3200; Houston TX 77010
4. Well Location Unit Letter <u>0</u> : <u>670</u> feet from the <u>S</u> line and <u>1935</u> feet from the <u>E</u> line Section <u>25</u> Township <u>32N</u> Range <u>9W</u> NMPM County <u>San Juan</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Deviation <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Deviation Survey (1/4 degree) - 90'
Deviation Survey (1/4 degree) - 248'
Deviation Survey (1 degree) - 1032'
Deviation Survey (1 degree) - 1549'
Deviation Survey (1 degree) - 2093'
Deviation Survey (1 degree) - 2556'
Deviation Survey (1 degree) - 3032'
Deviation Survey (1 degree) - 3331' —————> Deviation Survey (1 degree) - 3804'



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Vickie Frederick TITLE Sr. Oper. Analysts DATE 12/12/05
Type or print name Vickie Frederick E-mail address: Telephone No. 713-890-3614

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
Conditions of Approval, if any: