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Form C-105  
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                |                                         |
|--------------------------------|-----------------------------------------|
| 5a. Indicate Type of Lease     |                                         |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |                                         |

|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   |                                        |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|-------------------|----------------------------------------|------------------|
| 1a. TYPE OF WELL                                                                                                                                                                                                        |                 |                                                                       |                         |                                                                |                   | 7. Unit Agreement Name                 |                  |
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                              |                 |                                                                       |                         |                                                                |                   | 8. Farm or Lease Name                  |                  |
| b. TYPE OF COMPLETION                                                                                                                                                                                                   |                 |                                                                       |                         |                                                                |                   | 9. Well No.                            |                  |
| NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/> |                 |                                                                       |                         |                                                                |                   | 10. Field and Pool, or Wildcat         |                  |
| 2. Name of Operator                                                                                                                                                                                                     |                 |                                                                       |                         |                                                                |                   | 12. County                             |                  |
| John J. Christmann, Jack Markham, J. M. Welborn & Tom Bolack                                                                                                                                                            |                 |                                                                       |                         |                                                                |                   | McKinley                               |                  |
| 3. Address of Operator                                                                                                                                                                                                  |                 |                                                                       |                         |                                                                |                   | 19. Elev. Casinghead                   |                  |
| Box 234, Farmington, New Mexico                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   | 7152                                   |                  |
| 4. Location of Well                                                                                                                                                                                                     |                 |                                                                       |                         |                                                                |                   | 25. Was Directional Survey Made        |                  |
| UNIT LETTER <u>A</u> LOCATED <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM <u>East</u>                                                                                                            |                 |                                                                       |                         |                                                                |                   | None                                   |                  |
| THE <u>East</u> LINE OF SEC. <u>35</u> TWP. <u>19N</u> RGE. <u>7W</u> NMPM                                                                                                                                              |                 |                                                                       |                         |                                                                |                   | 27. Was Well Cored                     |                  |
| 15. Date Spudded <u>2-12-65</u>                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   | Yes                                    |                  |
| 16. Date T.D. Reached <u>2-20-65</u>                                                                                                                                                                                    |                 | 17. Date Compl. (Ready to Prod.) <u>- -</u>                           |                         | 18. Elevations (DF, RKB, RT, GR, etc.) <u>7152 OR 7162 RKB</u> |                   |                                        |                  |
| 20. Total Depth <u>3386</u>                                                                                                                                                                                             |                 | 21. Plug Back T.D. <u>-</u>                                           |                         | 22. If Multiple Compl., How Many <u>-</u>                      |                   | 23. Intervals Drilled By <u>0-3386</u> |                  |
| 24. Producing Interval(s), of this completion -- Top, Bottom, Name                                                                                                                                                      |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| None                                                                                                                                                                                                                    |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| 26. Type Electric and Other Logs Run                                                                                                                                                                                    |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| IES & Density                                                                                                                                                                                                           |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                      |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| CASING SIZE                                                                                                                                                                                                             | WEIGHT LB./FT.  | DEPTH SET                                                             | HOLE SIZE               | CEMENTING RECORD                                               | AMOUNT PULLED     |                                        |                  |
| 8 5/8                                                                                                                                                                                                                   | 24              | 135                                                                   | 12 1/4                  | 80 sx                                                          | None              |                                        |                  |
| 29. LINER RECORD                                                                                                                                                                                                        |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| SIZE                                                                                                                                                                                                                    | TOP             | BOTTOM                                                                | SACKS CEMENT            | SCREEN                                                         | 30. TUBING RECORD |                                        |                  |
|                                                                                                                                                                                                                         |                 | None                                                                  |                         |                                                                | SIZE              | DEPTH SET                              | PACKER SET       |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   | None                                   |                  |
| 31. Perforation Record (Interval, size and number)                                                                                                                                                                      |                 |                                                                       |                         | 32. LAC, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                  |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         | DEPT. INTERVAL                                                 |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         | AMOUNT AND KIND OF WATER IN WELL                               |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         | None                                                           |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         | MAR 15 1965                                                    |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         | OIL CON. COM. DIST. 3                                          |                   |                                        |                  |
| 33. PRODUCTION                                                                                                                                                                                                          |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| Date First Production                                                                                                                                                                                                   |                 | Production Method (Flowing, gas lift, pumping -- State and type pump) |                         |                                                                |                   | Well Status (Producing, Shut-in)       |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   | Producing                              |                  |
| Date of Test                                                                                                                                                                                                            | Hours Tested    | Choke Size                                                            | Prod'n. For Test Period | Oil -- Bbl.                                                    | Gas -- MCF        | Water -- Bbl.                          | Gas -- Oil Ratio |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| Flow Tubing Press.                                                                                                                                                                                                      | Casing Pressure | Calculated 24-Hour Rate                                               | Oil -- Bbl.             | Gas -- MCF                                                     | Water -- Bbl.     | Oil Gravity -- API (Corr.)             |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| 34. Disposition of Gas (Sold, used for fuel, vented, etc.)                                                                                                                                                              |                 |                                                                       |                         |                                                                |                   | Test Witnessed By                      |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| 35. List of Attachments                                                                                                                                                                                                 |                 |                                                                       |                         |                                                                |                   |                                        |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| 36. 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.                                                                                 |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| Original signed by T. A. Dugan                                                                                                                                                                                          |                 |                                                                       |                         |                                                                |                   |                                        |                  |
| SIGNED                                                                                                                                                                                                                  |                 | TITLE                                                                 |                         | Agent                                                          |                   | DATE                                   |                  |
|                                                                                                                                                                                                                         |                 |                                                                       |                         |                                                                |                   | 3/12/65                                |                  |

This form is to be filed with the appropriate District Office of the Commission 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 drilling 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 30 through 34 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.

**Northwestern New Mexico**

**Northwestern New Mexico**

|                    |                  |                       |                  |
|--------------------|------------------|-----------------------|------------------|
| T. Anyh            | Canyon           | T. Ojo Alamo          | T. Penn. "B"     |
| T. Salt            | Strawn           | T. Kirtland-Fruitland | T. Penn. "C"     |
| B. Salt            | 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           | T. Silurian      | T. Point Lookout      | T. Elbert        |
| T. Grayburg        | T. Montoya       | T. Mancos             | T. McCracken     |
| T. San Andres      | T. Simpson       | T. Gallup             | T. Ignacio Qizte |
| T. Glorieta        | T. McKee         | Base Greenhorn        | T. Granite       |
| T. Paddock         | T. Ellenburger   | T. Dakota             | T.               |
| T. Blinberry       | T. Gr. Wash      | T. Morrison           | T.               |
| T. Tubb            | T. Granite       | T. Todito             | T.               |
| T. Drinkard        | T. Delaware Sand | T. Entrada            | T.               |
| T. Abo             | T. Bone Springs  | T. Wingate            | T.               |
| T. Wolfcamp        | T.               | T. Chinle             | T.               |
| T. Penn.           | T.               | T. Permian            | T.               |
| T. Cisco (Bough C) | T.               | T. Penn. "A"          | T.               |

[illegible]