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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br><b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br><b>District II</b><br>1301 W. Grand Avenue, Artesia, NM 88210<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br><b>District IV</b><br>1220 S. St. Francis Dr., Santa Fe, NM 87505 | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | <div style="text-align: right;"> <b>Form C-105</b><br/>         Revised June 10, 2003       </div> <b>WELL API NO.</b><br>30-025-37872<br><b>5. Indicate Type of Lease</b><br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/><br><b>State Oil &amp; Gas Lease No.</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| WELL COMPLETION OR RECOMPLETION REPORT AND LOG                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|----------------|-------------------------------|-------------|--------------------------------|--|--|--|--|
| <b>1a. Type of Well:</b><br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____<br><br><b>b. Type of Completion:</b><br>NEW <input checked="" type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF.<br>WELL OVER BACK RESVR. <input type="checkbox"/> OTHER |                                         |                                                                                                 | <b>7. Lease Name or Unit Agreement Name</b><br><br>Greenwood                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>2. Name of Operator</b><br><br>Range Operating New Mexico, Inc.                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                 | <b>8. Well No.</b><br><br>29                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>3. Address of Operator</b><br><br>777 Main St., Ste. 800                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                 | <b>9. Pool name or Wildcat</b><br><br>Eunice; San Andres, Southwest                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>4. Well Location</b><br><br>Unit Letter <u>K</u> : <u>1700</u> Feet From The <u>south</u> Line and <u>2115</u> Feet From The <u>west</u> Line<br><br>Section <u>9</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County                                                                                                                                                                 |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>10. Date Spudded</b><br>7-07-06                                                                                                                                                                                                                                                                                                                                                            | <b>11. Date T.D. Reached</b><br>7-14-06 | <b>12. Date Compl. (Ready to Prod.)</b><br>7-27-06                                              | <b>13. Elevations (DF&amp; RKB, RT, GR, etc.)</b><br>3409                                                                                                                                                                                                                                                                                                                                                                     | <b>14. Elev. Casinghead</b><br>3419                |                                          |                |                               |             |                                |  |  |  |  |
| <b>15. Total Depth</b><br>4500                                                                                                                                                                                                                                                                                                                                                                | <b>16. Plug Back T.D.</b><br>4460       | <b>17. If Multiple Compl. How Many Zones?</b><br>No                                             | <b>18. Intervals Drilled By</b><br>Rotary Tools<br>0 - 4500                                                                                                                                                                                                                                                                                                                                                                   | <b>Cable Tools</b>                                 |                                          |                |                               |             |                                |  |  |  |  |
| <b>19. Producing Interval(s), of this completion - Top, Bottom, Name</b><br>3912 - 3962; Eunice; San Andres, Southwest                                                                                                                                                                                                                                                                        |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>20. Was Directional Survey Made</b><br>No       |                                          |                |                               |             |                                |  |  |  |  |
| <b>21. Type Electric and Other Logs Run</b><br>Dual Spaced Neutron; Dual Laterolog                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                 | <b>22. Was Well Cored</b><br>No                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| 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                                      | 863                                                                                             | 12.25                                                                                                                                                                                                                                                                                                                                                                                                                         | 180 sx POZ/C                                       | 0                                        |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               | 150 sx C                                           |                                          |                |                               |             |                                |  |  |  |  |
| 5.5                                                                                                                                                                                                                                                                                                                                                                                           | 17                                      | 4488                                                                                            | 7.875                                                                                                                                                                                                                                                                                                                                                                                                                         | 680 sx POZ/C                                       | 0                                        |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| 24. LINER RECORD                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                 | 25. TUBING RECORD                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| SIZE                                                                                                                                                                                                                                                                                                                                                                                          | TOP                                     | BOTTOM                                                                                          | SACKS CEMENT                                                                                                                                                                                                                                                                                                                                                                                                                  | SCREEN                                             | PACKER SET                               |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>26. Perforation record (interval, size, and number)</b><br>3932 - 3962, .40, 2 spf<br>3912 - 3932, .40, 2 spf<br><br>Total Shots = 100                                                                                                                                                                                                                                                     |                                         |                                                                                                 | <b>27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEPTH INTERVAL</th> <th style="text-align: left;">AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td style="text-align: center;">3912 - 3962</td> <td>Acidized w/4000 gals 15% NEFE.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> |                                                    |                                          | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED | 3912 - 3962 | Acidized w/4000 gals 15% NEFE. |  |  |  |  |
| DEPTH INTERVAL                                                                                                                                                                                                                                                                                                                                                                                | AMOUNT AND KIND MATERIAL USED           |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| 3912 - 3962                                                                                                                                                                                                                                                                                                                                                                                   | Acidized w/4000 gals 15% NEFE.          |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| 28. PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>Date First Production</b><br>7-27-06                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>Production Method (Flowing, gas lift, pumping - Size and type pump)</b><br>Pumping - Sub-pmp |                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Well Status (Prod. or Shut-in)</b><br>Producing |                                          |                |                               |             |                                |  |  |  |  |
| <b>Date of Test</b><br>7-31-06                                                                                                                                                                                                                                                                                                                                                                | <b>Hours Tested</b><br>24               | <b>Choke Size</b><br>64/64                                                                      | <b>Prod'n For Test Period</b><br>Oil - Bbl 4<br>Gas - MCF 326<br>Water - Bbl. 400                                                                                                                                                                                                                                                                                                                                             | <b>Gas - Oil Ratio</b><br>81,500                   |                                          |                |                               |             |                                |  |  |  |  |
| <b>Flow Tubing Press.</b><br>460                                                                                                                                                                                                                                                                                                                                                              | <b>Casing Pressure</b><br>78            | <b>Calculated 24-Hour Rate</b>                                                                  | <b>Oil - Bbl.</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Gas - MCF</b>                                   | <b>Water - Bbl.</b>                      |                |                               |             |                                |  |  |  |  |
| <b>Oil Gravity - API - (Corr.)</b><br>28.7                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>29. Disposition of Gas (Sold, used for fuel, vented, etc.)</b><br>Sold                                                                                                                                                                                                                                                                                                                     |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | <b>Test Witnessed By</b><br>Chris Garcia |                |                               |             |                                |  |  |  |  |
| <b>30. List Attachments</b><br>Inclination survey, C-104, Dual Spaced Netron Log, Dual Laterolog                                                                                                                                                                                                                                                                                              |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| <b>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</b>                                                                                                                                                                                                                                                 |                                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                     |                                         | Printed Name Paula Hale                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                               | Title Sr. Reg. Sp.                                 |                                          |                |                               |             |                                |  |  |  |  |
| E-mail Address phale@rangeresources.com                                                                                                                                                                                                                                                                                                                                                       |                                         | Date 8-08-06                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                          |                |                               |             |                                |  |  |  |  |

# 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 1129            | 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 2612           | T. Miss          | T. Cliff House          | T. Leadville     |
| T. 7 Rivers 2806        | T. Devonian      | T. Menefee              | T. Madison       |
| T. Queen 3267           | T. Silurian      | T. Point Lookout        | T. Elbert        |
| T. Grayburg 3591        | T. Montoya       | T. Mancos               | T. McCracken     |
| T. San Andres 3816      | T. Simpson       | T. Gallup               | T. Ignacio Otzte |
| T. Glorieta             | 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  | T. Entrada              | T.               |
| T. Abo                  | T.               | T. Wingate              | T.               |
| T. Wolfcamp             | T.               | T. Chinle               | T.               |
| T. Penn                 | T.               | T. Permian              | T.               |
| T. Cisco (Bough C)      | T.               | T. Penn "A"             | T.               |

## OIL OR GAS SANDS OR ZONES

No. 1, from...3816.....to...3962.....

No. 3, from.....to.....

No. 2, 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<br>In Feet | Lithology                        |
|------|------|----------------------|----------------------------------|
| 0    | 1129 | 1129                 | Alluvium & Red Beds              |
| 1129 | 2612 | 1483                 | Anhydrite & Salt                 |
| 2612 | 2806 | 194                  | Siltstone, Dolomite, & Shale     |
| 2806 | 3428 | 622                  | Anhydritic Dolomite              |
| 3428 | 3816 | 388                  | Sandstone, Siltstone, & Dolomite |
| 3816 | 4500 | 684                  | Dolomite                         |