Form C-105 STATE OF NEW MEXICO Revised 10-1-78 ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION ---Sa. Indicate Type of Lease P. O. BOX 2088 DISTRIBUTION Fee X State SANTA FE. NEW MEXICO 87501 SANTA FE 5. State Oil & Gas Lease No. FILE U.S.G.S. WELL COMPLETION OR RECOMPLETION REPORT AND LOG LAND OFFICE OPERATOR IG. TYPE OF WELL b. TYPE OF COMPLETION 8. Farm or Lease Name Stoner Unit #1 Murray Hill Oil & Gas Company 3. Address of Operator 75201 10. Field and Pool, or Wildcat c/o Premier Operating Company, 4500 Thanksgiving Tower, Dallas, TX Wildcat 2310 East LINE AND 10N Quay 34E 10 RGE 15. Date Spudded 16. Date T.D. Reached 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, GR, etc.) 19. Elev. Cashinghead 3-21-85 4-3-85 GR 402 ' KB 412' 403 21. Plug Back T.D. 22. If Multiple Compl., How 20. Total Depth 23. Intervals , Rotary Tools
Drilled By Cable Tools 68001 24. Producing Interval(s), of this completion - Top, Bottom, Name 25. Was Directional Survey NONE No 26. Type Electric and Other Logs Run 27. Was Well Cored GR - Dual Laterolog with mirco SFL; Sonic; Litho Density - BHC Neutron CASING RECORD (Report all strings set in well) DEPTH SET CASING SIZE WEIGHT LB./FT. HOLE SIZE CEMENTING RECORD AMOUNT PULLED 8-5/8" 714' 24# 480 sx Class H, 3% CaCl None LINER RECORD 30. TUBING RECORD BOTTOM SACKS CEMENT SIZE TOP SCREEN SIZE DEPTH SET PACKER SET None None 31. Perforation Record (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL None AMOUNT AND KIND MATERIAL USED None

PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in) Date of Test Hours Tested Choke Size Prod'n. For Test Period Oil - Bbl. Gas - MCF Water - Bbi. Gas - Oil Ratio Flow Tubing Press. Calculated 24-How Rate Casing Pressure Gas - MCF Oil Gravity - API (Corr.) Water - Bbl. 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.

TITLE Premier Operating Co./Agent DATE\_

## INSTRUCTIONS

This form is to be titled 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 30 through 34 shall be reported for each zone. The form is to be filled in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

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