

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-105  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

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.   |                                         |
| 0157888 015789                 |                                         |

|                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| 1a. TYPE OF WELL                      |                                               |
| OIL WELL <input type="checkbox"/>     | GAS WELL <input type="checkbox"/>             |
| b. TYPE OF COMPLETION                 |                                               |
| NEW WELL <input type="checkbox"/>     | WORK OVER <input type="checkbox"/>            |
| DEEPEN <input type="checkbox"/>       | PLUG BACK <input checked="" type="checkbox"/> |
| DIFF. RESVR. <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

|                                |
|--------------------------------|
| 7. Unit Agreement Name         |
| 8. Farm or Lease Name          |
| SOLANO                         |
| 9. Well No.                    |
| MIDAS #1                       |
| 10. Field and Pool, or Wildcat |
| WILDCAT                        |

|                                                 |  |
|-------------------------------------------------|--|
| 2. Name of Operator                             |  |
| MIDAS MINERALS CORP.                            |  |
| 3. Address of Operator                          |  |
| 1408 SAGEBRUSH TR. S.E. Albuquerque, N.M. 87123 |  |
| 4. Location of Well                             |  |

|                                                                            |                     |                            |                      |           |
|----------------------------------------------------------------------------|---------------------|----------------------------|----------------------|-----------|
| UNIT LETTER <u>K</u>                                                       | LOCATED <u>2540</u> | FEET FROM THE <u>SOUTH</u> | LINE AND <u>2540</u> | FEET FROM |
| THE <u>WEST</u> LINE OF SEC. <u>3</u> TWP. <u>13N</u> RGE. <u>15E</u> NMPM |                     |                            |                      |           |

|            |
|------------|
| 12. County |
| SAN MIGUEL |

|                  |                       |                                  |                                        |                      |
|------------------|-----------------------|----------------------------------|----------------------------------------|----------------------|
| 15. Date Spudded | 16. Date T.D. Reached | 17. Date Compl. (Ready to Prod.) | 18. Elevations (DF, RKB, RT, GR, etc.) | 19. Elev. Casinghead |
| 9-1-83           | 9-18-83               |                                  | 6334 Gtd.                              | 6334                 |
| 20. Total Depth  | 21. Plug Back T.D.    | 22. If Multiple Compl., How Many | 23. Intervals Drilled By               | Rotary Tools         |
| 1929             | 950                   |                                  |                                        | 0-1929               |

|                                                                   |
|-------------------------------------------------------------------|
| 24. Producing Interval(s), of this completion - Top, Bottom, Name |
| NONE                                                              |
| 25. Was Directional Survey Made                                   |
| NO                                                                |

|                                           |  |
|-------------------------------------------|--|
| 26. Type Electric and Other Logs Run      |  |
| GAMMA RAY - NewTron, Cement Bond, CALIPER |  |
| 27. Was Well Cored                        |  |
| NO                                        |  |

|                                                    |                |           |           |                  |               |
|----------------------------------------------------|----------------|-----------|-----------|------------------|---------------|
| 28. CASING RECORD (Report all strings set in well) |                |           |           |                  |               |
| CASING SIZE                                        | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 7 5/8"                                             | 20#            | 313       | 8 3/4"    | Circulated       | NONE          |
| 4 1/2"                                             | 10 1/2"        | 1838      | 6 1/2"    | BOTTOM - 200     | NONE          |

|                  |                   |
|------------------|-------------------|
| 29. LINER RECORD | 30. TUBING RECORD |
| SIZE             | SIZE              |
| TOP              | DEPTH SET         |
| BOTTOM           | PACKER SET        |
| SACKS CEMENT     |                   |
| SCREEN           |                   |

|                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------|--|
| 31. Perforation Record (Interval, size and number)                                                                  |  |
| 480-490, 510-530, 880-890, 925-935, 1335-1375, 1460-1530, 1754-1814; 2 SHOTS per foot, Size: Dressers Regular SHOT. |  |

|                                                |                               |
|------------------------------------------------|-------------------------------|
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                               |
| DEPTH INTERVAL                                 | AMOUNT AND KIND MATERIAL USED |
| 480-935                                        | 3000 gals. 15% HCL            |
| 1335-1530                                      | 3000 gals. 15% HCL            |
| 1754-1814                                      | 2000 gals. 15% HCL            |
| 1460-1530                                      | 750 gals. 15% HCL             |

|                           |                                                                     |
|---------------------------|---------------------------------------------------------------------|
| 33. 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 - 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. |           |
| SIGNED                                                                                                                                  | TITLE     |
| Andrew E. Long                                                                                                                          | President |
| DATE                                                                                                                                    |           |
| 10/26/84                                                                                                                                |           |

|                         |  |
|-------------------------|--|
| 37. List of Attachments |  |
|-------------------------|--|

# 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 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.

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

### Southeastern New Mexico

### Northwestern New Mexico

|                          |                        |                             |                        |
|--------------------------|------------------------|-----------------------------|------------------------|
| T. Anhy _____            | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Salt _____            | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| E. Salt _____            | T. 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 Qtzte _____ |
| 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. Todilto _____            | 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. _____               |

### OIL OR GAS SANDS OR ZONES

|                            |                            |
|----------------------------|----------------------------|
| No. 1, from _____ to _____ | No. 4, from _____ to _____ |
| No. 2, from _____ to _____ | No. 5, from _____ to _____ |
| No. 3, from _____ to _____ | No. 6, from _____ to _____ |

### IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

|                                                       |
|-------------------------------------------------------|
| No. 1, from <u>480</u> to <u>950</u> feet <u>6134</u> |
| No. 2, from _____ to _____ feet _____                 |
| No. 3, from _____ to _____ feet _____                 |
| No. 4, from _____ to _____ feet _____                 |

### FORMATION RECORD (Attach additional sheets if necessary)

| From  | To   | Thickness in Feet | Formation                                           | From | To | Thickness in Feet | Formation     |
|-------|------|-------------------|-----------------------------------------------------|------|----|-------------------|---------------|
| SURF. | 450  | 450               | SANGRE DE CRISTO                                    |      |    |                   | Permian       |
| 450   | 750  | 300               | ARKOSID member of the Madera Limestone              |      |    |                   |               |
| 750   | 1710 | 960               | Lower GRAY Limestone Member of the Madera Limestone |      |    |                   | Pennsylvanian |
| 1710  | 1929 | 219               | SANDIA Sandstone                                    |      |    |                   |               |