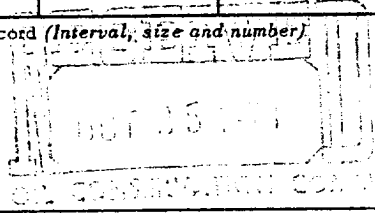


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Form C-105  
Revised 1-1-65

# 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 checked="" type="checkbox"/> OTHER _____<br>b. TYPE OF COMPLETION<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____ |                 |                                                                     |                         |                                                |                   | 8. Farm or Lease Name                                              |                 |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                      |                 |                                                                     |                         |                                                |                   | 9. Well No.                                                        |                 |
| National Petroleum, Inc.                                                                                                                                                                                                                                                                                                                                 |                 |                                                                     |                         |                                                |                   | Reeve - Chappel #1                                                 |                 |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                |                   | 10. Field and Pool, or Wildcat                                     |                 |
| P. O. Box 12543 , Oklahoma City, Okla. 73112                                                                                                                                                                                                                                                                                                             |                 |                                                                     |                         |                                                |                   | Wildcat                                                            |                 |
| 4. Location of Well                                                                                                                                                                                                                                                                                                                                      |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
| UNIT LETTER <u>M</u> LOCATED <u>117.3</u> FEET FROM THE <u>West</u> LINE AND <u>958.3</u> FEET FROM                                                                                                                                                                                                                                                      |                 |                                                                     |                         |                                                |                   | 12. County                                                         |                 |
| THE <u>South</u> LINE OF SEC. <u>18</u> TWP. <u>12N</u> RGE. <u>30E</u> NMPM                                                                                                                                                                                                                                                                             |                 |                                                                     |                         |                                                |                   | San Miguel                                                         |                 |
| 15. Date Spudded                                                                                                                                                                                                                                                                                                                                         |                 | 16. Date T.D. Reached                                               |                         | 17. Date Compl. (Ready to Prod.)               |                   | 18. Elevations (DF, RKB, RT, GR, etc.)                             |                 |
| 5-3-73                                                                                                                                                                                                                                                                                                                                                   |                 | 5-19-73                                                             |                         |                                                |                   | 4068 DF                                                            |                 |
| 20. Total Depth                                                                                                                                                                                                                                                                                                                                          |                 | 21. Plug Back T.D.                                                  |                         | 22. If Multiple Compl., How Many               |                   | 23. Intervals Drilled By                                           |                 |
| 5016'                                                                                                                                                                                                                                                                                                                                                    |                 | NA                                                                  |                         | NA                                             |                   | Rotary Tools <input checked="" type="checkbox"/> Cable Tools _____ |                 |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                                                                                                                                                                        |                 |                                                                     |                         |                                                |                   | 25. Was Directional Survey Made                                    |                 |
| NA                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                     |                         |                                                |                   | None                                                               |                 |
| 26. Type Electric and Other Logs Run                                                                                                                                                                                                                                                                                                                     |                 |                                                                     |                         |                                                |                   | 27. Was Well Cored                                                 |                 |
| None                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                     |                         |                                                |                   | No                                                                 |                 |
| 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                                                                                                                                                                                                                                                                                                                                                    | 29              | 200                                                                 | 10-3/4                  | 200                                            | None              |                                                                    |                 |
| 29. LINER RECORD                                                                                                                                                                                                                                                                                                                                         |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
| SIZE                                                                                                                                                                                                                                                                                                                                                     | TOP             | BOTTOM                                                              | SACKS CEMENT            | SCREEN                                         | 30. TUBING RECORD |                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                     |                         |                                                | SIZE              | DEPTH SET                                                          | PACKER SET      |
| 31. Perforation Record (Interval, size and number)                                                                                                                                                                                                                                                                                                       |                 |                                                                     |                         | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                   |                                                                    |                 |
|                                                                                                                                                                                                                                                                       |                 |                                                                     |                         | DEPTH INTERVAL                                 |                   | AMOUNT AND KIND MATERIAL USED                                      |                 |
|                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
| 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                                                                                                                                                                                                                                                                                                                                  |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
| Geological report and deviation record                                                                                                                                                                                                                                                                                                                   |                 |                                                                     |                         |                                                |                   |                                                                    |                 |
| 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                   |                                                |                   | DATE                                                               |                 |
| H. R. Sidwell                                                                                                                                                                                                                                                                                                                                            |                 |                                                                     | President               |                                                |                   | 10-21-73                                                           |                 |