

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-105  
Revised 1-1-89

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-057-20027                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                                                 |                                  |                                              |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                 |                                  | 7. Lease Name or Unit Agreement Name<br>Benz |                                                                                                                   |
| b. Type of Completion:<br>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"/> |                                  | 8. Well No.<br>2                             |                                                                                                                   |
| 2. Name of Operator<br>Lyle Benz, Curtis Benz                                                                                                                                                                                                   |                                  | 9. Pool name or Wildcat<br>wildcat           |                                                                                                                   |
| 3. Address of Operator<br>P.O. 198, Estancia, New Mexico 87016                                                                                                                                                                                  |                                  |                                              |                                                                                                                   |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1590</u> Feet From The <u>west</u> Line and <u>2209</u> Feet From The <u>north</u> Line<br>Section <u>18</u> Township <u>5 north</u> Range <u>9 east</u> NMPM Torrance County                     |                                  |                                              |                                                                                                                   |
| 10. Date Spudded<br>4-8-90                                                                                                                                                                                                                      | 11. Date T.D. Reached<br>8-20-96 | 12. Date Compl. (Ready to Prod.)<br>n.a.     | 13. Elevations (DF & RKB, RT, GR, etc.)<br>ground level 6090                                                      |
| 14. Elev. Casinghead                                                                                                                                                                                                                            |                                  |                                              |                                                                                                                   |
| 15. Total Depth<br>1000                                                                                                                                                                                                                         | 16. Plug Back T.D.               | 17. If Multiple Compl. How Many Zones?       | 18. Intervals Drilled By<br>Rotary Tools <input checked="" type="checkbox"/> Cable Tools <input type="checkbox"/> |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>none                                                                                                                                                                       |                                  |                                              | 20. Was Directional Survey Made<br>no                                                                             |
| 21. Type Electric and Other Logs Run<br>none                                                                                                                                                                                                    |                                  |                                              | 22. Was Well Cored<br>no                                                                                          |

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 lb.        | 292       | 11        | yes              | none          |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |

LINER RECORD

TUBING RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
|------|-----|--------|--------------|--------|------|-----------|------------|
|      |     |        |              |        |      |           |            |
|      |     |        |              |        |      |           |            |

|                                                             |                                                 |                               |
|-------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| 26. Perforation record (interval, size, and number)<br>none | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |                               |
|                                                             | DEPTH INTERVAL                                  | AMOUNT AND KIND MATERIAL USED |
|                                                             |                                                 |                               |
|                                                             |                                                 |                               |

PRODUCTION

|                                   |                 |                                                                     |                        |            |              |                                |                 |
|-----------------------------------|-----------------|---------------------------------------------------------------------|------------------------|------------|--------------|--------------------------------|-----------------|
| 28. Date First Production<br>n.a. |                 | 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.)    |                 |

|                                                            |                   |
|------------------------------------------------------------|-------------------|
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) | Test Witnessed By |
|------------------------------------------------------------|-------------------|

|                      |
|----------------------|
| 30. List Attachments |
|----------------------|

31. 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

Signature Lyle Benz, C. B. Printed Name Lyle Benz, Curtis Title Operator Date 5-12-97

# 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

|                          |                        |
|--------------------------|------------------------|
| T. Anhy _____            | T. Canyon _____        |
| T. Salt _____            | T. Strawn _____        |
| B. Salt _____            | T. Atoka _____         |
| T. Yates _____           | T. Miss _____          |
| T. 7 Rivers _____        | T. Devonian _____      |
| T. Queen _____           | T. Silurian _____      |
| T. Grayburg _____        | T. Montoya _____       |
| T. San Andres _____      | T. Simpson _____       |
| T. Glorieta _____        | T. McKee _____         |
| T. Paddock _____         | T. Ellenburger _____   |
| T. Blinebry _____        | T. Gr. Wash _____      |
| T. Tubb _____            | T. Delaware Sand _____ |
| T. Drinkard _____        | T. Bone Springs _____  |
| T. Abo _____             | T. _____               |
| T. Wolfcamp _____        | T. _____               |
| T. Penn _____            | T. _____               |
| T. Cisco (Bough C) _____ | T. _____               |

## Northwestern New Mexico

|                             |                        |
|-----------------------------|------------------------|
| T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| T. Pictured Cliffs _____    | T. Penn. "D" _____     |
| T. Cliff House _____        | T. Leadville _____     |
| T. Menefee _____            | T. Madison _____       |
| T. Point Lookout _____      | T. Elbert _____        |
| T. Mancos _____             | T. McCracken _____     |
| T. Gallup _____             | T. Ignacio Otzte _____ |
| Base Greenhorn _____        | T. Granite _____       |
| T. Dakota _____             | T. _____               |
| T. Morrison _____           | T. _____               |
| T. Todilto _____            | T. _____               |
| T. Entrada _____            | T. _____               |
| T. Wingate _____            | T. _____               |
| T. Chinle _____             | T. _____               |
| T. Permian _____            | T. _____               |
| T. Penn "A" _____           | T. _____               |

### OIL OR GAS SANDS OR ZONES

No. 1, from ..... to .....  
No. 2, from ..... to .....  
No. 3, 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.....185.....to.....197.....feet.....rose to 45 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    | 198  | 198                  | alluvial fill                  |
| 198  | 1000 | 802                  | Abo shales and<br>Red-bed clay |