

Submit To Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised June 10, 2003  WELL API NO. 30-015-23221 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> State Oil & Gas Lease No. L-4683
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG				
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____  b. Type of Completion: NEW <input type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input checked="" type="checkbox"/> DIFF <input type="checkbox"/> RECOMPLETION <input checked="" type="checkbox"/> WELL OVER BACK RESVR. <b>DHC-3983</b>	7. Lease Name or Unit Agreement Name  Humidor State Unit <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FEB 15 2008</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">OCD-ARTESIA</div>			
2. Name of Operator Yates Petroleum Corporation	8 Well No. 2			
3 Address of Operator 105 South Fourth Street, Artesia, NM 88210 (575) 748-1471	9. Pool name or Wildcat <del>Willow Lake Bone Spring West</del>			
4. Well Location  Unit Letter <u>J</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line  Section <u>26</u> Township <u>24S</u> Range <u>27E</u> NMPM <u>Eddy</u> County				
10. Date Spudded RC 11/15/07	11. Date T.D. Reached 7/14/80	12. Date Compl. (Ready to Prod) 12/27/07	13. Elevations (DF& RKB, RT, GR, etc.) 3201'GR	14. Elev. Casinghead
15. Total Depth 13,090'	16. Plug Back T.D. 10,300'	17. If Multiple Compl. How Many Zones? <u>2</u>	18. Intervals Drilled By Rotary Tools Pulling Unit	Cable Tools
19 Producing Interval(s), of this completion - Top, Bottom, Name 8230'-8352' Bone Spring				20. Was Directional Survey Made No
21. Type Electric and Other Logs Run None for Recompletion				22. Was Well Cored No
23. CASING RECORD (Report all strings set in well)				
CASING SIZE	WEIGHT LB /FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD
REFER TO ORIGINAL COMPLETION				
24. LINER RECORD			25. TUBING RECORD	
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
26. Perforation record (interval, size, and number) 3805'-3827' 8230'-8252' (23) 3835'-3852' 8310'-8318' (9) 4948'-4956' 8330'-8352' (23) 5050'-5054' 5318'-5328'			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 8230'-8352' Acidize w/1500g 7-1/2% w/60 balls 8230'-8352' Frac w/69,500g 20# Lightning 2500 system w/77,000# 20/40 Ottawa, 82,500# 20/40 Super LC RCS	
28. PRODUCTION				
Date First Production 12/28/07		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping		Well Status (Prod or Shut-in) Producing
Date of Test 1/2/08	Hours Tested 24 hrs	Choke Size NA	Prod'n For Test Period Oil - Bbl 30	Gas - MCF 136
Flow Tubing Press. 250 psi	Casing Pressure 45 psi	Calculated 24-Hour Rate Oil - Bbl 30	Gas - MCF 136	Water - Bbl 22
29 Disposition of Gas (Sold, used for fuel, vented, etc.) Sold				Test Witnessed By TGR Pumping
30 List Attachments None				
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				
Signature <u>Tina Huerta</u> Printed. Name <u>Tina Huerta</u> Title <u>Regulatory Compliance Supervisor</u> Date <u>February 13, 2008</u> E-mail Address <u>tinah@ypcnm.com</u>				

# 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	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	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen	T. Siluro-Devonian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montoya	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Otzte
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	
T. Blinbry	T. Rustler	T. Morrison	
T. Tubb	T. Delaware	T. Todilto	
T. Drinkard	T. Bone Spring	T. Entrada	
T. Abo	1 <sup>st</sup> Bone Spring	T. Wingate	
T. Wolfcamp	2 <sup>nd</sup> Bone Spring	T. Chinle	
T. Wolfcamp B Zone	3 <sup>rd</sup> Bone Spring	T. Permian	
T. Cisco	Lower Morrow	T. Penn "A"	

## 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.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology
			<b>REFER TO ORIGINAL COMPLETION</b>

**District I**

1625 N. French Dr., Hobbs, NM 88240

**District II**

1301 W. Grand Avenue, Artesia, NM 88210

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410

**District IV**

1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico

Energy, Minerals &amp; Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-23221	<sup>2</sup> Pool Code 96415	<sup>3</sup> Pool Name Willow Lake; Bone Spring, West
<sup>4</sup> Property Code 32580	<sup>5</sup> Property Name Humidor State Unit	<sup>6</sup> Well Number 2
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3201'GR

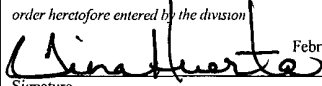
<sup>10</sup> Surface Location

UL or lot no. J	Section 26	Township 24S	Range 27E	Lot Idn	Feet from the 1880	North/South line South	Feet from the 1980	East/West line East	County Eddy
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup>				<sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division</i>  Signature February 13, 2008 Date Tina Huerta Printed Name
				<sup>18</sup> SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief</i> Date of Survey Signature and Seal of Professional Surveyor: Certificate Number