| NO. OF COPIES RECEIVED      |                   | ì             |                               |               |                 |                |                                              |                            |                                       | Form C        |                              |
|-----------------------------|-------------------|---------------|-------------------------------|---------------|-----------------|----------------|----------------------------------------------|----------------------------|---------------------------------------|---------------|------------------------------|
| DISTRIBUTION                |                   | 1             |                               |               |                 |                |                                              |                            |                                       |               | ed 1-1-65                    |
|                             |                   | 1             |                               |               | CONCE           | DVATION        | COM                                          | HISSION                    | 5 a.                                  |               | te Type of Lease             |
| SANTA FE                    |                   | ·             | NEW MEXI                      | COOL          | CONSE           | RVATION        | DEE                                          | OPT AN                     | D LOG                                 | State         |                              |
| FILE                        |                   | MELL C        | OMPLETIO                      | אט או         |                 |                |                                              |                            |                                       |               | oil & Gas Lease No.          |
| U.S.G.S.                    |                   | -             |                               |               | i               | REC            | E I                                          | VE                         | . :                                   | K             | -6772                        |
| LAND OFFICE                 |                   | -             |                               |               |                 |                |                                              | A E L                      | , <u>1</u> 2                          | IIII          |                              |
| OPERATOR                    |                   | J             |                               |               |                 | D.m.o.         |                                              |                            |                                       | 11111         |                              |
|                             |                   |               |                               |               |                 | <del>DEC</del> | 21                                           | 1971                       | 7.                                    | Unit A        | greement Name                |
| d. TYPE OF WELL             |                   | (257)         | GAS [                         |               |                 |                |                                              | _                          |                                       |               |                              |
|                             |                   | IL X          | WELL                          | D             | RY L            | OTHER.         | <u> </u>                                     |                            | 8.                                    |               | or Lease Name                |
| b. TYPE OF COMPLET          |                   | <del></del> 1 | PLUG [                        | DIFF          |                 | ARTESIA        | <u>.                                    </u> | <b>.</b>                   | ,                                     | Sun           | - State                      |
| NEW WORK                    | DEE               | PENL          | BACK                          | RESV          | R. L            | OTHER          | 10 01                                        | FICE                       | 9.                                    | Well N        | 0.                           |
| 2. Name of Operator ROARK & | HOOKER            |               |                               |               |                 |                |                                              |                            |                                       |               | 1                            |
|                             |                   |               |                               |               |                 |                |                                              |                            |                                       | . Field       | and Pool, or Wildcat         |
| 3. Address of Operator      | 0.500             | Ah: lane      | Toyas                         | 796           | <b>1</b> 4      |                |                                              |                            | a                                     | oub le        | e ''L'' (Queen)              |
|                             | x 2708,           | Abitene       | e, Texas                      | 750           |                 |                |                                              |                            |                                       | 7777          | minimi                       |
| 4. Location of Well         |                   |               |                               |               |                 |                |                                              |                            |                                       |               |                              |
|                             |                   | _             |                               |               | lest            |                | 16                                           | 550                        |                                       |               |                              |
| UNIT LETTER                 | LOCATED           | 330           | FEET FROM                     | THE           | west            | LINE AND .     | ***                                          |                            | ET FROM                               | 2. Coun       | inni Hilli                   |
|                             |                   |               |                               |               |                 |                |                                              |                            | /////                                 | have          |                              |
| THE SOUTH LINE OF S         | εc. <b>2</b> 4    | TWP. 14       | 4-S RGE.                      | 29-E          | NMPM            | 711777         | 7777                                         | MÄÄÄ                       |                                       |               |                              |
| 15. Date Spudded            | 16. Date T.D      | . Reached     | 17. Date Con                  | ipi. (ite     | ady to Pro      | d.) 18. E      | levati                                       | ons (DF, K                 | KB, R1, GK,                           | etc.          | 19. Elev. Cashinghead 3795 1 |
| 10/28/71                    | 11/12/            | /71           | 12/13                         | 3/71          |                 |                | 379                                          | 95' GR                     |                                       |               | Cable Tools                  |
| 20. Total Depth             | 21.               | Plug Back 7   | r.D.                          | 22. If        | Multiple<br>any | Compl., Hov    | ~   <sup>2</sup>                             | 3. Intervals:<br>Drilled I | Rotary '                              | loois         | XX                           |
| 1929'                       | 1 :               | 1896¹         | -                             |               |                 |                |                                              |                            | <u> </u>                              |               | 25. Was Directional Survey   |
| 24. Producing Interval(s)   | , of this com     | pletion — Te  | op, Bottom, No                | ame           |                 |                |                                              |                            |                                       |               | Made                         |
|                             |                   |               |                               |               |                 |                |                                              |                            |                                       |               | No                           |
| 1870' to                    | 1880'             | Queen         | Sand                          |               |                 |                |                                              |                            |                                       |               |                              |
| 26. Type Electric and O     | ther Logs Ru      | n .           |                               |               |                 |                |                                              |                            |                                       | 27            | 7. Was Well Cored            |
| Camm                        | a Ray an          | d Neutr       | on                            |               |                 |                |                                              |                            |                                       |               | No                           |
| Gallini                     | a Kay an          |               | CASING                        | RECO          | RD (Repo        | rt all strings | s set i                                      | n well)                    |                                       |               |                              |
| 28.                         |                   |               | DEPTH SE                      |               |                 | SIZE           |                                              |                            | TING RECO                             | ₹D            | AMOUNT PULLED                |
| CASING SIZE                 | WEIGHT            |               | 3051                          | -             |                 | [11            | 1.00                                         |                            | of 2% H                               |               | 0                            |
| 8-5/811                     | 24#               |               |                               | <del></del> i |                 | 311            |                                              |                            | of ceme                               |               | 0                            |
| 5-1/2"                      | 15.               | 5#            | 1929'                         |               | <u></u>         |                | 430                                          | Jucits .                   | <u> </u>                              |               | 7                            |
|                             |                   |               |                               |               |                 |                |                                              |                            |                                       |               |                              |
|                             |                   |               |                               | 1             |                 |                | $\vdash$                                     | 30.                        | TU                                    | JBING F       | RECORD                       |
| 29.                         |                   | LINER R       |                               |               |                 |                | +                                            | SIZE                       | OFP                                   | TH SET        | PACKER SET                   |
| SIZE                        | TOP               | во            | TTOM S                        | ACKS C        | EMENT           | SCREEN         |                                              |                            |                                       | 431           |                              |
|                             |                   |               |                               |               |                 |                | +                                            | 2-3/81                     |                                       | 45            |                              |
|                             |                   |               |                               |               |                 |                |                                              | CUOT E                     | ACTURE C                              | EMENT         | SOUEEZE, ETC.                |
| 31. Perforation Record      | Interval, siz     | e and numbe   | er)                           |               |                 | 32.            |                                              |                            | ACTURE, C                             | MT AND        | KIND MATERIAL USED           |
|                             |                   |               |                               |               |                 | DEPTH          |                                              |                            |                                       |               |                              |
| 1870' - 1880                | 1/2               | 2'' 40        | shots                         |               |                 | 1870 -         | 188                                          | 30                         | 500 gal                               | MCA.          | ACIO                         |
|                             |                   |               |                               |               |                 |                |                                              |                            | 10,000                                |               |                              |
|                             |                   |               |                               |               |                 |                |                                              |                            | 10,000#                               | san           | <u>u</u>                     |
|                             |                   |               |                               |               |                 | <u> </u>       |                                              |                            |                                       |               |                              |
| 33.                         |                   |               |                               |               |                 | JCTION         |                                              | <del></del>                |                                       | Wall          | Status (Prod. or Shut-in)    |
| Date First Production       | - F               | Production N  | Method (Flowing               |               | lift, pump      | ing – Size a   | nd typ                                       | e pump)                    |                                       |               | Producing                    |
| 12/16/71                    |                   | Pump          | $1\frac{1}{2} \times 10^{-1}$ | 0' 0          | il Mas          |                |                                              |                            |                                       |               |                              |
| Date of Test                | Hours Test        | red Ci        | hoke Size                     | Prod'n        |                 | Oil - Bbl.     | 1                                            | Gas — MC                   | F Wate                                | r — Bbl.<br>0 | 1000/1                       |
| 12/16/71                    | 24                |               | 32/64                         | 1est P        |                 | 92             |                                              | 92                         | <u> </u>                              |               | Oil Gravity - API (Corr.)    |
| Flow Tubing Press.          | Casing Pro        |               | alculated 24-                 | Oil — I       | 3bl.            | Gas -          | MCF                                          | W.                         | ater - Bbl.                           |               | 35                           |
| none                        | 125#              | H             | our Rate                      |               |                 |                |                                              |                            | · · · · · · · · · · · · · · · · · · · | 1177.         | <u> </u>                     |
| 34. Disposition of Gas      |                   | for fuel, ven | ted, etc.)                    |               |                 |                |                                              |                            | 1                                     | Witnes        |                              |
| Sold                        |                   |               |                               |               |                 |                |                                              |                            |                                       | υ. W.         | Jordan                       |
| 35, List of Attachment      | <u> </u>          |               |                               |               |                 |                |                                              |                            |                                       |               |                              |
|                             |                   | icactiv       | ity Log                       |               |                 |                |                                              |                            |                                       |               |                              |
| 36. I hereby certify the    | e lex Rau         | tion shown    | on both sides                 | of this       | form is tri     | te and comp    | lete to                                      | the best o                 | f my knowled                          | ge and        | belief.                      |
| 36. I nereby certify the    | se siec eielointa |               |                               |               |                 |                |                                              |                            |                                       |               |                              |
| 1 1/2                       | 17/1              |               | 1.11                          |               | Pr              | oductio        | n Su                                         | per i nte                  | endent                                | DATE          | Dec. 20, 1971                |
| SIGNED                      | - 1               | 4111          | 11.                           |               | TLE             |                |                                              |                            |                                       |               |                              |
|                             |                   | · •           |                               |               |                 |                |                                              |                            |                                       |               |                              |

## **INSTRUCTIONS**

This form is to be filed with the appropriate District Office of the Commission 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

| Southeast | orn Now | Marica |
|-----------|---------|--------|
| Southeast | em new  | mexico |

## Northwestern New Mexico.

| T. | Anhy            | T. | Canyon        | T. | Ojo Alamo     | т.   | Penn. "B"     |
|----|-----------------|----|---------------|----|---------------|------|---------------|
|    |                 |    |               |    |               |      | Penn. "C"     |
|    |                 |    |               |    |               |      | Penn. "D"     |
| T. | Yates           | T. | Miss          | T. | Cliff House   | т.   | Leadville     |
| T. | 7 Rivers        | T, | Devonian      | T. | Menefee       | т.   | Madison       |
| T. | Queen18701      | T. | Silurian      | T. | Point Lookout | . Т. | Elbert        |
|    |                 |    |               |    |               |      | McCracken     |
| T. | San Andres      | T. | Simpson       | T. | Gallup        | . т. | Ignacio Qtzte |
|    |                 |    |               |    |               |      | Granite       |
|    |                 |    |               |    |               |      |               |
| T. |                 |    |               |    |               |      |               |
| T. | Tubb            | T. | Granite       | T. | Todilto       | т.   |               |
| T. | Drinkard        | T. | Delaware Sand | T. | Entrada       | . Т. |               |
| T. | Abo             | T. | Bone Springs  | T. | Wingate       | T.   | <u> </u>      |
|    |                 |    |               |    |               |      |               |
|    |                 |    |               |    | Permian       |      |               |
| T  | Cisco (Bough C) | T. |               | T. | Penn. "A"     | . Т. |               |

## FORMATION RECORD (Attach additional sheets if necessary)

| From | То   | Thickness<br>in Feet | Formation  | From | То | Thickness<br>in Feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ) : Formation;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------|----------------------|------------|------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1870 | 1880 | 10                   | Queen Sand |      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|      |      | 1                    |            |      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |      |                      |            |      |    | And the second s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |      |                      |            |      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing the state of t |
|      |      |                      |            |      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |