NM.O.O.D. COP Form \$-330 (Rev. 5-63) UM TED STATES SUBMIT IN DUP ATE. Form approved. Budget Bureau No. 42-R355.5. DEPARTMLNT OF THE INTERIOR st. actions on reverse side) c/5F 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC-057634 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: WELL X 7. UNIT AGREEMENT NEXE Other b. TYPE OF COMPLETION: S. FARM OR LEASE NAME NEW X DEEP-PLUG BACK DIFF. BESVR. Other 2. NAME OF OPERATOR McIntyre Holly Energy Inc. 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT P.O. Box 726 Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) Tayburg-Jackson SR. Q-L 11. BEC., T., R., M., ON BLOCK AND BURVET OR AREA SR- Q- H-SA At surface 990 FSL 2310 FEL Sec 20 T-17S R-30E At top prod. interval reported below At total depth Sec 20 T-17S 12. COUNTY OR PARISH same 14. PERMIT NO. DATE ISSUED Eddy NM 19. ELEV. CASINGHEAD 17. DATE COMPL. (Ready to prod.) 15. DATE SPUDDED 16. DATE T.D. REACHED 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6-29-80 7-11-80 2-1-81 GR 3614.5 23. INTERVALS
D DRILLED BY ROTARY TOOLS 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD ACCEPTED FOR RECORD 4700 3250 PETER W CLESTER

24. PRODUCING INTERVAL(8), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 25. WAS DIRECTIONAL SURVEY MADE MAR 2 4 1981 San Andres 3092'-3097 No. WELL CORED U.S. GEOLOGICAL SURVEY 26. TYPE ELECTRIC AND OTHER LOGS BUN ROSWELL, NEW MEXICO CDL/CNL CBL/GR DLL/ML No CASING RECORD (Report all strings set in well) 28. DEPTH SET (MD) HOLE SIZE CEMENTING RECORD WEIGHT, LB./FT. CASING SIZE AMOUNT PULLED 11" 8-5/8 24# 510 215 Class C none 10.50# 4700¹ 4 1/2 7-7/8 2777 sacks none TUBING RECORD 29. LINER RECORD 30. SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) 2 - 3/83090 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 3092-3097 w/2 shots per foot .50 dia DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED SEE ATTACHED SHEET PRODUCTION

WELL STATUS (Producing or shut-in) DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 2-1-81 1½ x 10 producing pumping DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD GAS---MCF. GAS-OIL RATIO OIL-BBL. WATER-24 10-2-80 16 MCF/D 1778 FLOW. TUBING PRESS. CASING PRESSURE WATER-BBL. OIL GRAVITY-API (CORR.) CALCULATED GAS -- MCF. -BBL. 24-HOUR RATE 9 5 16 MCF/D 35.1 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY vented Bob Loyd

35. LIST OF ATTACHMENTS

SIGNED

2- degree of inclination- 2-DLL 2- CNL 2-CBL & GR

36. I hereby certify that the foregoing ond attached information is complete and correct as determined from all available records

Superintendent DATE 3-18-81

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35. All attachments

Hem 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements, or Federal office for specific instructions. Consult local State

for each **Item 18:** Indicate which elevation is used as reference (where not otherwise shown) **Items 22 and 24:** If this well is completed for separate production from more than one interval, Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, additional interval to be separately produced, showing the additional data pertinent to such interval.

"Nacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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