FORM C-105

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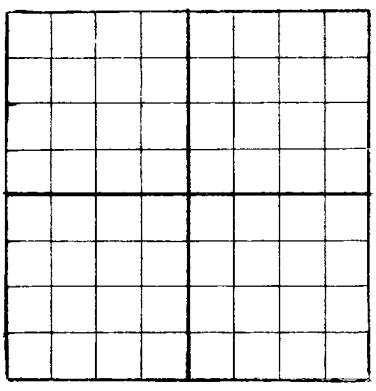

AREA 640 ACRES
LOCATE WELL CORRECTLY

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

WELL RECORD

Mail to Oil Conservation Commission, Santa Fe, New Mexico, or its proper agent not more than twenty days after completion of well. Follow instructions in the Rules and Regulations of the Commission. Indicate questionable data by following it with (?). SUBMIT IN TRIPLICATE. FORM C-110 WILL NOT BE APPROVED UNTIL FORM C-105 IS PROPERLY FILLED OUT.

Company or Operator _____ Address _____

Lease _____ Well No. _____ in _____ of Sec. _____, T. _____

R. _____, N. M. P. M., _____ Field, _____ County.

Well is _____ feet south of the North line and _____ feet west of the East line of _____.

If State land the oil and gas lease is No. _____ Assignment No. _____

If patented land the owner is _____, Address _____

If Government land the permittee is _____, Address _____

The Lessee is _____, Address _____

Drilling commenced _____ 19__ Drilling was completed _____ 19__

Name of drilling contractor _____, Address _____

Elevation above sea level at top of casing _____ feet.

The information given is to be kept confidential until _____ 19__.

OIL SANDS OR ZONES

No. 1, from _____ to _____ No. 4, from _____ to _____

No. 2, from _____ to _____ No. 5, from _____ to _____

No. 3, from _____ to _____ No. 6, 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. _____

No. 4, from _____ to _____ feet. _____

CASING RECORD

SIZE	WEIGHT PER FOOT	THREADS PER INCH	MAKE	AMOUNT	KIND OF SHOE	CUT & FILLED FROM	PERFORATED FROM	PERFORATED TO	PURPOSE

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth Set _____

Adapters—Material _____ Size _____

RECORD OF SHOOTING OR CHEMICAL TREATMENT

SIZE	SHELL USED	EXPLOSIVE OR CHEMICAL USED	QUANTITY	DATE	DEPTH SHOT OR TREATED	DEPTH CLEANED OUT

Results of shooting or chemical treatment _____

RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto.

TOOLS USED

Rotary tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

PRODUCTION

Put to producing _____ 19__

The production of the first 24 hours was _____ barrels of fluid of which _____ % was oil; _____ % emulsion; _____ % water; and _____ % sediment. Gravity, Be _____

If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. _____

EMPLOYEES

_____, Driller _____, Driller

_____, Driller _____, Driller

FORMATION RECORD ON OTHER SIDE

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Subscribed and sworn to before me this _____

day of _____, 19__

_____
Notary Public

My Commission expires _____

_____
Place Date

Name _____

Position _____

Representing _____
Company or Operator

Address _____

FORMATION RECORD

FROM	TO	THICKNESS IN FEET	FORMATION
0	10	10	Top Soil
10	40	30	Shale
40	140	100	Red Bed Shale
140	202	105	Sand
202	232	30	Red Shale
232	1,284	252	Salt
1,284	1,402	118	Anhydrite
1,402	1,522	120	Lime

T.D. 1,522 - 1,362=1072 TD