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**O. C. C.**  
**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105  
 Revised 1-1-65

| 1a. TYPE OF WELL                                                                                                                        |                               | OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____                                                                                                                                                                                                                                                                          |           | 7. Unit Agreement Name                             |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------|----------------|-------------------------------|-----------|-----------|------------------|---------------|--------|----|-----|--------|-----|---|-------|----|------|----|-----|---|
| b. TYPE OF COMPLETION                                                                                                                   |                               | 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 _____                                                                                                                                                                                             |           | 8. Farm or Lease Name                              |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 2. Name of Operator                                                                                                                     |                               | Western States Producing Company ✓                                                                                                                                                                                                                                                                                                                                                               |           | 9. Well No.                                        |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 3. Address of Operator                                                                                                                  |                               | 900 Building of the Southwest Midland, Texas 79701                                                                                                                                                                                                                                                                                                                                               |           | 10. Field and Pool, or Wildcat                     |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 4. Location of Well                                                                                                                     |                               | UNIT LETTER <u>F</u> LOCATED <u>2080</u> FEET FROM THE <u>north</u> LINE AND <u>1780</u> FEET FROM THE <u>west</u> LINE OF SEC. <u>16</u> TWP. <u>19S</u> RGE. <u>25E</u> NMMP                                                                                                                                                                                                                   |           | 12. County                                         |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 15. Date Spudded                                                                                                                        |                               | 7-6-72                                                                                                                                                                                                                                                                                                                                                                                           |           | 16. Date T.D. Reached                              |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 16. Date T.D. Reached                                                                                                                   |                               | 8-10-72                                                                                                                                                                                                                                                                                                                                                                                          |           | 17. Date Compl. (Ready to Prod.)                   |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 17. Date Compl. (Ready to Prod.)                                                                                                        |                               | 8-7-72                                                                                                                                                                                                                                                                                                                                                                                           |           | 18. Elevations (DF, RKB, RT, GR, etc.)             |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 18. Elevations (DF, RKB, RT, GR, etc.)                                                                                                  |                               | 3492' KB                                                                                                                                                                                                                                                                                                                                                                                         |           | 19. Elev. Casinghead                               |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 19. Elev. Casinghead                                                                                                                    |                               | 3480' GL                                                                                                                                                                                                                                                                                                                                                                                         |           | 20. Total Depth                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 20. Total Depth                                                                                                                         |                               | 9354                                                                                                                                                                                                                                                                                                                                                                                             |           | 21. Plug Back T.D.                                 |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 21. Plug Back T.D.                                                                                                                      |                               | -                                                                                                                                                                                                                                                                                                                                                                                                |           | 22. If Multiple Compl., How Many                   |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 22. If Multiple Compl., How Many                                                                                                        |                               | -                                                                                                                                                                                                                                                                                                                                                                                                |           | 23. Intervals Drilled By                           |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 23. Intervals Drilled By                                                                                                                |                               | Rotary Tools                                                                                                                                                                                                                                                                                                                                                                                     |           | Cable Tools                                        |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                                                       |                               | -                                                                                                                                                                                                                                                                                                                                                                                                |           | 25. Was Directional Survey Made                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 25. Was Directional Survey Made                                                                                                         |                               | no                                                                                                                                                                                                                                                                                                                                                                                               |           | 26. Type Electric and Other Logs Run               |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 26. Type Electric and Other Logs Run                                                                                                    |                               | Gamma Ray Neutron - Acoustic, Dual Induction Focused                                                                                                                                                                                                                                                                                                                                             |           | 27. Was Well Cored                                 |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 27. Was Well Cored                                                                                                                      |                               | no                                                                                                                                                                                                                                                                                                                                                                                               |           | 28. CASING RECORD (Report all strings set in well) |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| CASING RECORD                                                                                                                           |                               | <table border="1"> <thead> <tr> <th>CASING SIZE</th> <th>WEIGHT LB./FT.</th> <th>DEPTH SET</th> <th>HOLE SIZE</th> <th>CEMENTING RECORD</th> <th>AMOUNT PULLED</th> </tr> </thead> <tbody> <tr> <td>12-3/4</td> <td>34</td> <td>390</td> <td>17-1/2</td> <td>400</td> <td>0</td> </tr> <tr> <td>8-5/8</td> <td>24</td> <td>1147</td> <td>11</td> <td>525</td> <td>0</td> </tr> </tbody> </table> |           |                                                    |               | CASING SIZE    | WEIGHT LB./FT.                | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED | 12-3/4 | 34 | 390 | 17-1/2 | 400 | 0 | 8-5/8 | 24 | 1147 | 11 | 525 | 0 |
| CASING SIZE                                                                                                                             | WEIGHT LB./FT.                | DEPTH SET                                                                                                                                                                                                                                                                                                                                                                                        | HOLE SIZE | CEMENTING RECORD                                   | AMOUNT PULLED |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 12-3/4                                                                                                                                  | 34                            | 390                                                                                                                                                                                                                                                                                                                                                                                              | 17-1/2    | 400                                                | 0             |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 8-5/8                                                                                                                                   | 24                            | 1147                                                                                                                                                                                                                                                                                                                                                                                             | 11        | 525                                                | 0             |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 29. LINER RECORD                                                                                                                        |                               | 30. TUBING RECORD                                                                                                                                                                                                                                                                                                                                                                                |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| LINER RECORD                                                                                                                            |                               | TUBING RECORD                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| SIZE TOP BOTTOM SACKS CEMENT SCREEN                                                                                                     |                               | SIZE DEPTH SET PACKER SET                                                                                                                                                                                                                                                                                                                                                                        |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 31. Perforation Record (Interval, size and number)                                                                                      |                               | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                                                                                                                                                                                                                                                                                   |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| P&A                                                                                                                                     |                               | <table border="1"> <thead> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td>none</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                       |           |                                                    |               | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED | none      |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| DEPTH INTERVAL                                                                                                                          | AMOUNT AND KIND MATERIAL USED |                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| none                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 33. PRODUCTION - Not Completed, Plugged & Abandoned                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| Date First Production                                                                                                                   |                               | Production Method (Flowing, gas lift, pumping - Size and type pump)                                                                                                                                                                                                                                                                                                                              |           | Well Status (Prod. or Shut-in)                     |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| Date of Test                                                                                                                            |                               | Hours Tested                                                                                                                                                                                                                                                                                                                                                                                     |           | Choke Size                                         |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| Flow Tubing Press.                                                                                                                      |                               | Casing Pressure                                                                                                                                                                                                                                                                                                                                                                                  |           | Calculated 24-Hour Rate                            |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 34. Disposition of Gas (Sold, used for fuel, vented, etc.)                                                                              |                               | Test Witnessed By                                                                                                                                                                                                                                                                                                                                                                                |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 35. List of Attachments                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| 36. 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. |                               |                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                    |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| SIGNED                                                                                                                                  |                               | TITLE                                                                                                                                                                                                                                                                                                                                                                                            |           | DATE                                               |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |
| Don Bennett                                                                                                                             |                               | Operation Manager                                                                                                                                                                                                                                                                                                                                                                                |           | 8-15-72                                            |               |                |                               |           |           |                  |               |        |    |     |        |     |   |       |    |      |    |     |   |

# INSTRUCTIONS

This form is to be filled 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 filled in quadruplicate 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. Any                  | ---  | T. Canyon               | 7640 |
| T. Salt                 | ---  | T. Strawn               | 8300 |
| B. Salt                 | ---  | T. Kirtland-Fruitland   | 8700 |
| T. Yates                | ---  | T. Pictured Cliffs      | ---  |
| T. Yates                | ---  | T. Penn. "D"            | ---  |
| T. 7 Rivers             | ---  | T. Leadville            | ---  |
| T. Devonian             | ---  | T. Menefee              | ---  |
| T. Silurian             | ---  | T. Point Lookout        | ---  |
| T. Montoya              | ---  | T. Mancos               | ---  |
| T. Simpson              | ---  | T. Gallup               | ---  |
| T. McKee                | ---  | T. Base Greenhorn       | ---  |
| T. Ellenburger          | ---  | T. Dakota               | ---  |
| T. Gr. Wash             | ---  | T. Morrison             | ---  |
| T. Granite              | ---  | T. Toddlito             | ---  |
| T. Drinkard             | ---  | T. Delaware Sand        | ---  |
| T. Abo                  | ---  | T. Bone Springs         | 3940 |
| T. Wolfcamp             | 5390 | T. 3rd Bone Springs     | 5095 |
| T. Penn.                | 7010 | T. Sand                 | 5095 |
| T. Cisco (Bough C)      | ---  | T. Penn. "A"            | ---  |

## FORMATION RECORD (Attach additional sheets if necessary)

| From | To   | Thickness<br>In Feet | Formation                | From | To | Thickness<br>In Feet | Formation |
|------|------|----------------------|--------------------------|------|----|----------------------|-----------|
| 0    | 730  | 730                  | Redbeds                  |      |    |                      |           |
| 730  | 2247 | 1517                 | Dolomite & Anhydrite     |      |    |                      |           |
| 2247 | 2330 | 83                   | Sand & Dolomite          |      |    |                      |           |
| 2330 | 3492 | 1162                 | Dolomite & limestone     |      |    |                      |           |
| 3492 | 5095 | 1603                 | Limestone & shale        |      |    |                      |           |
| 5095 | 5206 | 111                  | Sand                     |      |    |                      |           |
| 5206 | 5390 | 184                  | Limestone & shale        |      |    |                      |           |
| 5390 | 7010 | 1620                 | Limestone, shale & Dolo. |      |    |                      |           |
| 7010 | 7640 | 630                  | Limestone, sand & shale  |      |    |                      |           |
| 7640 | 8300 | 660                  | Dolomite, shale & lime   |      |    |                      |           |
| 8300 | 8700 | 400                  | Limestone, chert & shale |      |    |                      |           |
| 8700 | 8950 | 250                  | Limestone & shale        |      |    |                      |           |
| 8950 | 9080 | 130                  | Limestone                |      |    |                      |           |
| 9080 | 9354 | 274                  | Sand & Shale             |      |    |                      |           |
| 9354 |      |                      | TOTAL DEPTH              |      |    |                      |           |

DST 9033-9112, open 2 hrs 30 mins, rec 410' DM,  
1 hr ISIP 566#, RP 121-189#, 3 hr RSIP 1976#, HP 4259-4181#

DST 9113-9160, open 1 hr 30 mins, rec 40' DM,  
1 hr ISIP 109#, RP 44-44#, 2 hr RSIP 152#, HP 4191-4191#

ID 9354, Plugged & Abandoned  
DST 9165-9354, open 1 hr 30 mins, rec 256' DM,  
1 hr ISIP 436#, RP 284-284#, 2 hr RSIP 1377#, HP 4258-4214#