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Form C-105  
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| L-892                                     |                              |

RECEIVED

|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------|--|
| 1. TYPE OF WELL                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  | AUG 22 1978                                    |  | 7. Unit Agreement Name                 |  |
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/><br>b. TYPE OF COMPLETION<br>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 <input type="checkbox"/> |  |                                                                     |  | D. C. C. ARTESIA, OFFICE                       |  | 8. Farm or Lease Name                  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |  |                                                |  | 9. Well No.                            |  |
| The Wiser Oil Company                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                     |  |                                                |  | 1                                      |  |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | 10. Field and Pool, or Wildcat         |  |
| P.O. Box 2467 Hobbs, N. Mex. 88240                                                                                                                                                                                                                                                                                                                                                             |  |                                                                     |  |                                                |  | Und. Artesia                           |  |
| 4. Location of Well                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |  |                                                |  |                                        |  |
| UNIT LETTER G LOCATED 2081 FEET FROM THE North LINE AND 2278 FEET FROM                                                                                                                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | 12. County                             |  |
| THE East LINE OF SEC. 2 TWP. 19S RGE. 27E NMPM                                                                                                                                                                                                                                                                                                                                                 |  |                                                                     |  |                                                |  | Eddy                                   |  |
| 15. Date Spudded                                                                                                                                                                                                                                                                                                                                                                               |  | 16. Date T.D. Reached                                               |  | 17. Date Compl. (Ready to Prod.)               |  | 18. Elevations (DF, RKB, RT, GR, etc.) |  |
| 4-17-78                                                                                                                                                                                                                                                                                                                                                                                        |  | 4-23-78                                                             |  | P and A 4-24-78                                |  | 3527.4 GR                              |  |
| 19. Elev. Casinghead                                                                                                                                                                                                                                                                                                                                                                           |  | 20. Total Depth                                                     |  | 21. Plug Back T.D.                             |  | 22. If Multiple Compl., How Many       |  |
| 3527.4                                                                                                                                                                                                                                                                                                                                                                                         |  | 2055                                                                |  |                                                |  | 23. Intervals Drilled By               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | Rotary Tools 0 to ID                   |  |
| 24. Producing Interval(s), of this completion — Top, Bottom, Name                                                                                                                                                                                                                                                                                                                              |  |                                                                     |  |                                                |  | 25. Was Directional Survey Made        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | Yes                                    |  |
| 26. Type Electric and Other Logs Run                                                                                                                                                                                                                                                                                                                                                           |  |                                                                     |  |                                                |  | 27. Was Well Cored                     |  |
| Schlumberger Dual Laterolog and Compensated Formation Density                                                                                                                                                                                                                                                                                                                                  |  |                                                                     |  |                                                |  | No                                     |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                                                                                                                                                             |  |                                                                     |  |                                                |  |                                        |  |
| CASING SIZE                                                                                                                                                                                                                                                                                                                                                                                    |  | WEIGHT LB./FT.                                                      |  | DEPTH SET                                      |  | HOLE SIZE                              |  |
| 8-5/8"                                                                                                                                                                                                                                                                                                                                                                                         |  | 24#                                                                 |  | 354'                                           |  | 12-1/4"                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
| 29. LINER RECORD                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                     |  | 30. TUBING RECORD                              |  |                                        |  |
| SIZE                                                                                                                                                                                                                                                                                                                                                                                           |  | TOP                                                                 |  | BOTTOM                                         |  | SACKS CEMENT                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
| 31. Perforation Record (Interval, size and number)                                                                                                                                                                                                                                                                                                                                             |  |                                                                     |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  | DEPTH INTERVAL                                 |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  | AMOUNT AND KIND MATERIAL USED                  |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
| 33. PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                     |  |                                                |  |                                        |  |
| 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                                     |  | Prod'n. For Test Period                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
| Flow Tubing Press.                                                                                                                                                                                                                                                                                                                                                                             |  | Casing Pressure                                                     |  | Calculated 24-Hour Rate                        |  | Oil — Bbl.                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | Gas — MCF                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | Water — Bbl.                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | Gas — Oil Ratio                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  |                                        |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                         |  | B. H. Singletary                                                    |  |                                                |  | TITLE District Supt.                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                |  | DATE 8-15-78                           |  |

## 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**

### Southeastern New Mexico

### Northwestern New Mexico

|                    |       |                  |                       |                  |
|--------------------|-------|------------------|-----------------------|------------------|
| T. Anhy            | 260'  | T. Canyon        | T. Ojo Alamo          | T. Penn. "B"     |
| T. Salt            | -     | T. Strawn        | T. Kirtland-Fruitland | T. Penn. "C"     |
| B. Salt            | -     | T. Atoka         | T. Pictured Cliffs    | T. Penn. "D"     |
| T. Yates           | -     | T. Miss          | T. Cliff House        | T. Leadville     |
| T. 7 Rivers        | 471'  | T. Devonian      | T. Menefee            | T. Madison       |
| T. Queen           | 1192' | T. Silurian      | T. Point Lookout      | T. Elbert        |
| T. Grayburg        | 1549' | T. Montoya       | T. Mancos             | T. McCracken     |
| T. San Andres      | 1949' | T. Simpson       | T. Gallup             | T. Ignacio Qtzte |
| T. Glorieta        |       | T. McKee         | Base Greenhorn        | T. Granite       |
| T. Paddock         |       | T. Ellenburger   | T. Dakota             | T.               |
| T. Blinebry        |       | T. Gr. Wash      | T. Morrison           | T.               |
| T. Tubb            |       | T. Granite       | T. Todilto            | T.               |
| T. Drinkard        |       | T. Delaware Sand | T. Entrada            | T.               |
| T. Abo             |       | T. Bone Springs  | T. Wingate            | T.               |
| T. Wolfcamp        |       | T.               | T. Chinle             | T.               |
| T. Penn.           |       | T.               | T. Permian            | T.               |
| T. Cisco (Bough C) |       | T.               | T. Penn. "A"          | T.               |

FORMATION RECORD (Attach additional sheets if necessary)

[illegible]

# ARTESIA FISHING TOOL COMPANY

P. O. BOX 375, PHONE SH 6-6651  
EAST MAIN STREET  
ARTESIA, NEW MEXICO

May 9, 1978

The Wiser Oil Company  
P.O. Box 2467  
Hobbs, New Mexico 88240

Attention: Mr. B. D. Singletary

Re: State M #1, Unit G  
Section 2, T19S, R27E  
Eddy County, New Mexico

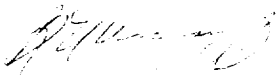
Gentlemen:

The following is a Deviation Survey of the above captioned well:

| DEPTH | DEVIATION |
|-------|-----------|
| 360'  | 3/4°      |
| 2055' | 1°        |

Very truly yours,

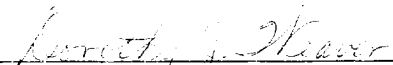
ARTESIA FISHING TOOL COMPANY

  
B. N. Muney, Jr.

STATE OF NEW MEXICO      I

COUNTY OF EDDY      I

The foregoing was acknowledged before me this 9th day of May, 1978.

  
Notary Public

My Commission Expires: 10-3-81