Submit to Appropriate District Office State Lease - 6 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

| Fee Lease - 5 copies | | | | | | | | | | <u></u> | | |
|---|--|----------------------------|-----------------------------------|-------------|---------------|-------------------------------------|--------------------------------------|---------------------------|-----------|-------------|--|--|
| DISTRICT I | NM 88240 | DIL CONS | IL CONSERVATION DIVISION | | | | | WELL API NO. 30-015-22809 | | | | |
| P.O. Box 2088 | | | | | | | 5. Indicate Type Of Lease | | | | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | | | | | | STATE [X] FEE | | | | | |
| | | | | | | | 6. State Oil & Gas Lease No. | | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | | | L-1493 | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | | |
| 1a. Type of Well: | | | | | | | 7. Lease Name or Unit Agreement Name | | | | | |
| OIL WELL GAS WELL X DRY OTHER | | | | | | | | PARKWAY 'A' STATE COM | | | | |
| b. Type of Completion: | | | | | | | | | | | | |
| NEW WORK DEEPEN BACK DIFF OTHER | | | | | | | | | | | | |
| 2. Name of Operator 8. Well No. | | | | | | | | | | | | |
| SOUTHLAND ROYALTY COMPANY | | | | | | | | | | | | |
| 3. Address of Operator | | | | | | | #1 . Pool name o | r Wildcat | | | | |
| P.O. Box 51810, Midland, TX 79710-1810 | | | | | | | TURKEY TRACK (ATOKA) GAS | | | | | |
| 4. Well Location | | | | | | | | TOTALL TRACK (ATOTA) CAS | | | | |
| Unit Letter H | <u> </u> | Feet From The | NORTH | | Line and 9 | 90' | Feet Fr | om The EA | ST | Line | | |
| | | | | | | | | | | | | |
| Section 15 Township 19S Range 29E NMPM EDDY County | | | | | | | | | | | | |
| | 11. Date T.D. Reach | 1 | Compl.(Ready to P | Prod.) | | | RKB, RT, G | R, etc.) 14 | . Elev. (| Casinghead | | |
| 3/19/95 | | | 1/95 | | | 24.1 | | | | | | |
| 15. Total Depth | 16. Plug Bac | | 17. If Multiple Co Many Zones? | ompl. Ho | | Intervals Orilled By | Rotary Too | ols _I C | able Too | ls | | |
| 11,740' | CIBPO | a11,150' | 1 1 | | | | 1 | | | | | |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name 10, 758'-10, 770' (ATOKA, GAS) 20. Was Directional Survey Made | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 21. Typo Biocure und | Other Eogs Run | | | | | | 22. Was Wal | | W/S | (U | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | | | |
| | | | | | | | MENTING RE | CORD | AMC | OUNT PULLED | | |
| 11 3/4" | 3/4" 42# | | | 15" | | 250 S | | | | | | |
| 8 5/8" | 24# | 2837 | | | | | 0 SXS CIRC. | | | | | |
| 4 1/2" | 11.6# | 11.74 | | 7 7/8" | | | O SXS ON CONTOCK ASO. | | | | | |
| - · · | | | , | | 1000 | | OVO CONTI | HOW! | <u> </u> | Ed and | | |
| | | | + | | | DIST, 2 | | | | | | |
| 24. | | ORD | D 25. | | | TUBING RECORD | | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEME | MENT SCREEN | | - 20. - | | | | PACKER SET | | |
| | | | | | | | 2 3/8" | | | | | |
| | | | | | | _ - ` | 70 | 10,683' 10,683' | | | | |
| 26. Perforation reco | ord (interval, size, a | nd number) | | 27. | ACID, | SHOT, F | RACTURE | CEMENT | C. SOE | EZE, ETC. | | |
| 10 759' 10 770' | | | | | | ERVAL AMOUNT AND KIND MATERIAL USED | | | | | | |
| 11,150 | | | | | | | SET CIBP W/2 SXS CMT | | | | | |
| | | | | <u> </u> | | | | | | | | |
| 28. | | | PRODUCTION | ON. | | | | | | - | | |
| Date First Production | Producti | on Method (Flow | ing, gas lift, pump | | and type p | ump) | | Well Status | (Prod. c | r Shut-in) | | |
| 3/21/95 | FLOW: | ING | | | | _ | | PROD. | , | _ , | | |
| Date of Test | Hours Tested | Choke Size | Prod'n For | Oil - | Bbl. | Gas - MC | | | Gas - O | il Ratio | | |
| 3/27/95 | 4 HRS | 16/64" | Test Period | 0 | | 568 AC |)F 0 | | N/A | | | |
| Flow Tubing Press. SI=1275 | Casing Pressure PKR | Calculated 24 Hour Rate | 4- Oil - Bbl. | G | as - MCF | Water | - Bbl. | Oil Gravity | - API -((| Corr.) | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) | | | | | | | N/A | | | | | |
| SOLD Test Witnessed By | | | | | | | | | | | | |
| 30. List Attachments | | | | | | | | | | | | |
| C-122, C-102, | C-104 | | | | | | | | | | | |
| 31. I hereby certify th | | nown on both side | s of this form is tr | ue and co | m plete to th | e best of m | v knowledge | and heliaf | | | | |
| | | | | | | _ ~ ~ ~ OI II | -) with a tenter 80 s | and orner | | | | |
| Signature Printed Name DONNA WILLIAMS Title REGULATORY ASST Date 3/31/95 | | | | | | | | | | | | |
| Signature | | | Name DUNN | ATT | FIUID | T | itle NLUUL | CH INDIA | ا ک Date | 3/31/32 | | |