

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-105  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.                                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Rohmer                                                      |
| 8. Well No.<br>1                                                                                    |
| 9. Pool name or Wildcat<br>Delaware                                                                 |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                            |                                   |                                              |                                                                 |                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>Disposal</u>                                                                                |                                   |                                              |                                                                 |                                                                          |
| b. Type of Completion:<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DUT RESVR <input type="checkbox"/> OTHER <u>Re-Entry</u> |                                   |                                              |                                                                 |                                                                          |
| 2. Name of Operator<br>Scurlock Permian Corp.                                                                                                                                                                              |                                   |                                              |                                                                 |                                                                          |
| 3. Address of Operator<br>333 Clay P.O. Box 4648, Houston, Tx. 77210-4648                                                                                                                                                  |                                   |                                              |                                                                 |                                                                          |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>23</u> Township <u>22S</u> Range <u>27E</u> NMPM <u>Eddy</u> County    |                                   |                                              |                                                                 |                                                                          |
| 10. Date Spudded<br>02-26-87                                                                                                                                                                                               | 11. Date T.D. Reached<br>06-24-93 | 12. Date Compl. (Ready to Prod.)<br>06-24-93 | 13. Elevations (DF & RKB, RT, GR, etc.)<br>GL-3093.4 RKB-3110.4 | 14. Elev. Casinghead<br>3093.4                                           |
| 15. Total Depth<br>12,300                                                                                                                                                                                                  | 16. Plug Back T.D.<br>4163        | 17. If Multiple Compl. How Many Zones?       | 18. Intervals Drilled By<br>Rotary Tools<br>yes                 | 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>N/A |
| 21. Type Electric and Other Logs Run<br>Composite                                                                                                                                                                          |                                   |                                              |                                                                 | 20. Was Directional Survey Made<br>No                                    |
| 22. Was Well Cored<br>No                                                                                                                                                                                                   |                                   |                                              |                                                                 |                                                                          |

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB/FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD            | AMOUNT PULLED |
|-------------|---------------|-----------|-----------|-----------------------------|---------------|
| 13 3/8      | 48            | 277       | 17 1/2    | 300 sx cl c                 |               |
| 9 5/8       | 40            | 2154      | 12 1/4    | 1550-65/35 poz + 200 cl c   |               |
| 5 1/2       | 17#/ft.       | 4205      | 8 1/2     | 600 sx lt. + 185 sx Premium |               |

| 24. LINER RECORD |     |        |              | 25. TUBING RECORD |       |           |
|------------------|-----|--------|--------------|-------------------|-------|-----------|
| SIZE             | TOP | BOTTOM | SACKS CEMENT | SCREEN            | SIZE  | DEPTH SET |
|                  |     |        |              |                   | 2 7/8 | 3812 KB   |
|                  |     |        |              |                   |       | 3806 KB   |

|                                                                                                                     |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26. Perforation record (interval, size, and number)<br>3880-3930-25 holes .52" Dia.<br>3960-4030-35 holes .52" Dia. | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL<br>3880-3930<br>3960-4030<br>AMOUNT AND KIND MATERIAL USED<br>4500 Gal. 7 1/2" Spearhead |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                        |                 |                                                                     |                                                                                         |            |              |                                                       |                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|--------------|-------------------------------------------------------|-----------------|
| 28. 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                                                                  | Oil - Bbl. | Gas - MCF    | Water - Bbl.                                          | Gas - Oil Ratio |
| Flow Tubing Press.                                                                                                                     | Casing Pressure | Calculated 24-Hour Rate                                             | Oil - Bbl.                                                                              | Gas - MCF  | Water - Bbl. | Oil Gravity - API - (Corr.)                           |                 |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.)                                                                             |                 |                                                                     |                                                                                         |            |              | Test Witnessed By<br>Part ID-2<br>7-16-93<br>comp SLD |                 |
| 30. List Attachments                                                                                                                   |                 |                                                                     |                                                                                         |            |              |                                                       |                 |
| 31. 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 |                 |                                                                     |                                                                                         |            |              |                                                       |                 |
| Signature <u>Steward E. Rogers</u>                                                                                                     |                 |                                                                     | Printed Name <u>Steward E. Rogers</u> Title <u>Asst. Reg. Mgr.</u> Date <u>06-28-93</u> |            |              |                                                       |                 |