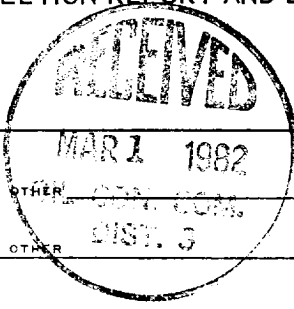


|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.G.S.               |  |
| LAND OFFICE            |  |
| OPERATOR               |  |

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

Form C-105  
Revised 1-1-65

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| LG - 6570                                 |                              |



|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------|--|
| 1a. TYPE OF WELL                                                                                                                                                                                                        |  |                                                                     |  |                                                |  | 7. Unit Agreement Name                 |  |
| OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/>                                                                                                             |  |                                                                     |  |                                                |  | -                                      |  |
| b. TYPE OF COMPLETION                                                                                                                                                                                                   |  |                                                                     |  |                                                |  | 8. Farm or Lease Name                  |  |
| 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"/> |  |                                                                     |  |                                                |  | Daniel Wash                            |  |
| 2. Name of Operator                                                                                                                                                                                                     |  |                                                                     |  |                                                |  | 9. Well No.                            |  |
| Wexpro Company                                                                                                                                                                                                          |  |                                                                     |  |                                                |  | 1                                      |  |
| 3. Address of Operator                                                                                                                                                                                                  |  |                                                                     |  |                                                |  | 10. Field and Pool, or Wildcat         |  |
| P. O. Box 1129,      Rock Springs, Wyoming 82901                                                                                                                                                                        |  |                                                                     |  |                                                |  | Wildcat - Dakota                       |  |
| 4. Location of Well                                                                                                                                                                                                     |  |                                                                     |  |                                                |  |                                        |  |
| UNIT LETTER <u>I</u> LOCATED <u>1900</u> FEET FROM THE <u>south</u> LINE AND <u>840</u> FEET FROM                                                                                                                       |  |                                                                     |  |                                                |  | 12. County                             |  |
| THE <u>east</u> LINE OF SEC. <u>16</u> TWP. <u>18N</u> RGE. <u>6W</u> NMPM                                                                                                                                              |  |                                                                     |  |                                                |  | McKinley                               |  |
| 15. Date Spudded                                                                                                                                                                                                        |  | 16. Date T.D. Reached                                               |  | 17. Date Compl. (Ready to Prod.)               |  | 18. Elevations (DF, RKB, RT, GR, etc.) |  |
| 2-9-82                                                                                                                                                                                                                  |  | 2-18-82                                                             |  | 2-19-82                                        |  | KB 6908.70'    GR 6895'                |  |
| 19. Elev. Casinghead                                                                                                                                                                                                    |  | 20. Total Depth                                                     |  | 21. Plug Back T.D.                             |  | 22. If Multiple Compl., How Many       |  |
| -                                                                                                                                                                                                                       |  | 3992                                                                |  | 0                                              |  | 23. Intervals Drilled By               |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | Rotary Tools                           |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | 0-3992                                 |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | Cable Tools                            |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | -                                      |  |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                                       |  |                                                                     |  |                                                |  | 25. Was Directional Survey Made        |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | No                                     |  |
| 26. Type Electric and Other Logs Run                                                                                                                                                                                    |  |                                                                     |  |                                                |  | 27. Was Well Cored                     |  |
| DIL, CNL/FDC                                                                                                                                                                                                            |  |                                                                     |  |                                                |  | No                                     |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                      |  |                                                                     |  |                                                |  |                                        |  |
| CASING SIZE                                                                                                                                                                                                             |  | WEIGHT LB./FT.                                                      |  | DEPTH SET                                      |  | HOLE SIZE                              |  |
| 9-5/8                                                                                                                                                                                                                   |  | 36                                                                  |  | 403.13' KB                                     |  | 12-1/4                                 |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | 7-7/8                                  |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  |                                        |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  |                                        |  |
| 29. LINER RECORD                                                                                                                                                                                                        |  |                                                                     |  | 30. TUBING RECORD                              |  |                                        |  |
| SIZE                                                                                                                                                                                                                    |  | TOP                                                                 |  | BOTTOM                                         |  | SIZE                                   |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | DEPTH SET                              |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  | PACKER SET                             |  |
|                                                                                                                                                                                                                         |  |                                                                     |  |                                                |  |                                        |  |
| 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                                                                                                                                                                                                 |  |                                                                     |  |                                                |  |                                        |  |
| Logs as above                                                                                                                                                                                                           |  |                                                                     |  |                                                |  |                                        |  |
| 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 <u>James Wash</u>                                                                                                                                                                                                |  |                                                                     |  | TITLE <u>Director, Petroleum Engrg</u>         |  | DATE <u>2-25-82</u>                    |  |

## 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 _____            | 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 _____        | T. Devonian _____      | T. Menefee _____ 0          | T. Madison _____       |
| T. Queen _____           | T. Silurian _____      | T. Point Lookout _____ 1590 | T. Elbert _____        |
| T. Grayburg _____        | T. Montoya _____       | T. Mancos _____ 1676        | T. McCracken _____     |
| T. San Andres _____      | T. Simpson _____       | T. Gallup _____ 2834        | T. Ignacio Qtzte _____ |
| T. Glorieta _____        | T. McKee _____         | Base Greenhorn _____ 3438   | T. Granite _____       |
| T. Paddock _____         | T. Ellenburger _____   | T. Dakota _____ 3557        | T. _____               |
| T. Blinebry _____        | T. Gr. Wash _____      | T. Morrison _____ 3946      | T. Graneros 3542       |
| T. Tubb _____            | T. Granite _____       | T. Todilto _____            | T. _____               |
| T. Drinkard _____        | T. Delaware Sand _____ | T. Entrada _____            | T. _____               |
| T. Abo _____             | T. Bone Springs _____  | T. Wingare _____            | 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)

| From | To | Thickness<br>in Feet | Formation | From | To | Thickness<br>in Feet | Formation |
|------|----|----------------------|-----------|------|----|----------------------|-----------|
|      |    |                      |           |      |    |                      |           |