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|---|------------------------|---|---|--|---|--|--|------------------------------------|------------|---------------|
| Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | State of New Mexico Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | Form C-105 July 17, 2008 | | | | | |
| <div style="position: absolute; top: -50px; left: 100px; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">RECEIVED</div> <div style="position: absolute; top: -30px; left: 100px; font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">APR 21 2011</div> <div style="position: absolute; top: -30px; left: 100px; font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">HOBBS</div> | | | | | | | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | | | | 5. Lease Name or Unit Agreement Name STATE "AN" 6. Well Number: 1 | | | | | | |
| 7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input checked="" type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | | | | | | |
| 8. Name of Operator CHEVRON U.S.A. INC. | | | | 9. OGRID 4323 | | | | | | |
| 10. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705 | | | | 11. Pool name or Wildcat VACUUM BLINEBRY | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
| Surface: | A | 7 | 18-S | 35-E | | 330 | NORTH | 990 | EAST | LEA |
| BH: | | | | | | | | | | |
| 13. Date Spudded 01-07-11 | 14. Date T.D. Reached | | 15. Date Rig Released 02-17-11 | | 16. Date Completed (Ready to Produce) 01-14-11 | | 17. Elevations (DF and RKB, RT, GR, etc.) 3963' GL | | | |
| 18. Total Measured Depth of Well 8945' | | | 19. Plug Back Measured Depth 6602' | | 20. Was Directional Survey Made? NO | | 21. Type Electric and Other Logs Run CBL/GR/CNL | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 5920-6096' BLINEBRY | | | | | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED |
| | | | | | | | | NO CHANGE | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 24. LINER RECORD | | | | | | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | | SCREEN | | 25. TUBING RECORD | | | |
| | | | | | | | SIZE | DEPTH SET | PACKER SET | |
| | | | | | | | 2 7/8" | 6148' | | |
| 6082-6096, 5980-5990, 5920-5940 | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| | | | | | | DEPTH INTERVAL | | AMOUNT AND KIND MATERIAL USED | | |
| | | | | | | 5920-6096' | | ACIDIZE W/3500 GALS 15% NEFE | | |
| | | | | | | 5920-6096' | | FRAC W/1821 BBLs 16/30 JORDAN SAND | | |
| 28. PRODUCTION | | | | | | | | | | |
| Date First Production 02-19-11 | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) PUMPING | | | | Well Status (<i>Prod. or Shut-in</i>) PROD | | | | |
| Date of Test 03-04-11 | Hours Tested 24 HRS | Choke Size | Prod'n For Test Period | Oil - Bbl 17 | Gas - MCF 51 | Water - Bbl. 186 | Gas - Oil Ratio 3000 | | | |
| Flow Tubing Press. | Casing Pressure | Calculated 24- Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (<i>Corr.</i>) | | | | |
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) SOLD | | | | | | | 30. Test Witnessed By | | | |
| 31. List Attachments | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial: | | | | | | | | | | |
| Latitude _____ Longitude _____ NAD 1927 1983 | | | | | | | | | | |
| 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 <i>Denise Pinkerton</i> | | | Printed Name DENISE PINKERTON Title REGULATORY SPECIALIST Date 04-20-2011 | | | | | | | |
| E-mail Address leakejd@chevron.com | | | | | | | | | | |