

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

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

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

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

WELL API NO.  
**30-025-30638**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.  
**UB 0176**

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well:  
 OIL WELL  GAS WELL  DRY  OTHER \_\_\_\_\_

b. Type of Completion:  
 NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DIFF RESVR  OTHER **REENTRY**

2. Name of Operator  
**RAY WESTALL**

3. Address of Operator  
**Box 4 Lugo Hills NM 88255**

7. Lease Name or Unit Agreement Name  
**Lusk 16 STATE**

4. Well Location  
 Unit Letter **L** : **1650** Feet From The **SOUTH** Line and **330** Feet From The **WEST** Line

Section **16** Township **19S** Range **32E** NMPM **LEA** County

10. Date Spudded **12-30-99** 11. Date T.D. Reached **1-2-00** 12. Date Compl. (Ready to Prod.) **1-6-00** 13. Elevations (DF & RKB, RT, GR, etc.) **3604 6L** 14. Elev. Casinghead **3605**

15. Depth **6600** 16. Plug Back T.D. \_\_\_\_\_ 17. If Multiple Compl. How Many Zones? \_\_\_\_\_ 18. Intervals Drilled By **REVERSE UNIT** Rotary Tools \_\_\_\_\_ Cable Tools \_\_\_\_\_

19. Producing Interval(s), of this completion - Top, Bottom, Name  
**6503-6525 DELAWARE**

20. Was Directional Survey Made **No**

21. Type Electric and Other Logs Run **NONE** 22. Was Well Cored **No**

**CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					<b>2 7/8</b>	<b>6575</b>	<b>NONE</b>

26. Perforation record (interval, size, and number)  
**6503-6525 64 0.44 shots**

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<b>6503-6525</b>	<b>12,000 GAL 70 Quail Foam</b>
	<b>35,250 # 16/30 SD</b>

**PRODUCTION**

28. Date First Production **1-10-00** Production Method (Flowing, gas lift, pumping - Size and type pump) **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
<b>3/15/00</b>	<b>24</b>	<b>1"</b>		<b>25</b>	<b>25</b>	<b>50</b>	<b>1000</b>

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)
	<b>30 #</b>					<b>37°</b>

29. Disposition of Gas (Sold, used for fuel, vented, etc.) **SOLD** Test Witnessed By **GENE ATKINS**

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