

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------|-----------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br>District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II<br>1301 W. Grand Avenue, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505 | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | <b>Form C-105</b><br>Revised June 10, 2003<br><br>WELL API NO.<br><b>30-015-21529</b><br><br>5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/><br>State Oil & Gas Lease No. <b>E-5230</b> |                                                             |                                                                                                      |                                                    |                             |                 |
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 1a. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                                              |                                                                                                                                                                                       | 7. Lease Name or Unit Agreement Name<br><b>BIG EDDY UNIT</b><br><b>BIG EDDY UNIT</b>                                                                                                                                                        |                                                             |                                                                                                      |                                                    |                             |                 |
| b. Type of Completion:<br>NEW <input type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. <input type="checkbox"/><br>WELL OVER BACK RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 2. Name of Operator<br><b>BEPCO, L.P.</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | 8. Well No.<br><b>44</b>                                                                                                                                                                                                                    |                                                             |                                                                                                      |                                                    |                             |                 |
| 3. Address of Operator<br><b>P.O. BOX 2760 MIDLAND, TX 79702-2760</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                       | 9. Pool name or Wildcat<br><b>MAROON CLIFFS WILDCAT (ATOKA)</b>                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 4. Well Location<br>Unit Letter <b>H</b> <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line<br>Section <b>16</b> Township <b>21S</b> Range <b>30E</b> NMPM <b>EDDY</b> County                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 10. Date Spudded                                                                                                                                                                                                                                                                                                             | 11. Date T.D. Reached                                                                                                                                                                 | 12. Date Compl. (Ready to Prod.)<br><b>09/06/2006</b>                                                                                                                                                                                       | 13. Elevations (DF& RKB, RT, GR, etc.)<br><b>3304.7' GL</b> | 14. Elev. Casinghead                                                                                 |                                                    |                             |                 |
| 15. Total Depth<br><b>13544'</b>                                                                                                                                                                                                                                                                                             | 16. Plug Back T.D.<br><b>12495'</b>                                                                                                                                                   | 17. If Multiple Compl. How Many Zones?                                                                                                                                                                                                      | 18. Intervals Drilled By                                    | Rotary Tools                                                                                         | Cable Tools                                        |                             |                 |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br><b>11988' - 12096'</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             | 20. Was Directional Survey Made                                                                      |                                                    |                             |                 |
| 21. Type Electric and Other Logs Run                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             | 22. Was Well Cored                                                                                   |                                                    |                             |                 |
| <b>23. CASING RECORD (Report all strings set in well)</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| CASING SIZE                                                                                                                                                                                                                                                                                                                  | WEIGHT LB./FT.                                                                                                                                                                        | DEPTH SET                                                                                                                                                                                                                                   | HOLE SIZE                                                   | CEMENTING RECORD                                                                                     | AMOUNT PULLED                                      |                             |                 |
| SEE ORIG COMP                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
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|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| <b>24. LINER RECORD</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       |                                                                                                                                                                                                                                             | <b>25. TUBING RECORD</b>                                    |                                                                                                      |                                                    |                             |                 |
| SIZE                                                                                                                                                                                                                                                                                                                         | TOP                                                                                                                                                                                   | BOTTOM                                                                                                                                                                                                                                      | SACKS CEMENT                                                | SCREEN                                                                                               | SIZE                                               | DEPTH SET                   | PACKER SET      |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      | 2-3/8"                                             | 12097'                      | 11927'          |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 26. Perforation record (interval, size, and number)<br><b>11988' - 11995' 5 HSPF (36 HOLES)</b><br><b>12088' - 12096' 4 JSPF (33 HOLES)</b>                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| <b>28. PRODUCTION</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| Date First Production<br><b>09/06/2006</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       | Production Method (Flowing, gas lift, pumping - Size and type pump)<br><b>FLOWING</b>                                                                                                                                                       |                                                             |                                                                                                      | Well Status (Prod. or Shut-in)<br><b>PRODUCING</b> |                             |                 |
| Date of Test<br><b>09/07/2006</b>                                                                                                                                                                                                                                                                                            | Hours Tested<br><b>24</b>                                                                                                                                                             | Choke Size<br><b>11/64"</b>                                                                                                                                                                                                                 | Prod'n For Test Period                                      | Oil - Bbl<br><b>167</b>                                                                              | Gas - MCF<br><b>1310</b>                           | Water - Bbl.<br><b>40</b>   | Gas - Oil Ratio |
| Flow Tubing Press.<br><b>4600</b>                                                                                                                                                                                                                                                                                            | Casing Pressure                                                                                                                                                                       | Calculated 24-Hour Rate                                                                                                                                                                                                                     | Oil - Bbl.<br><b>167</b>                                    | Gas - MCF<br><b>1310</b>                                                                             | Water - Bbl.<br><b>167</b>                         | Oil Gravity - API - (Corr.) |                 |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.)<br><b>SOLD</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    | Test Witnessed By           |                 |
| 30. List Attachments                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| 31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief                                                                                                                                                                                       |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |
| Signature <i>Cindi Goodman</i>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                                                             | Printed Name <b>CINDI GOODMAN</b>                           |                                                                                                      | Title <b>PRODUCTION CLERK</b>                      | Date <b>09/08/2006</b>      |                 |
| E-mail Address <b>cdgoodman@basspet.com</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                             |                                                                                                      |                                                    |                             |                 |

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division 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 25 through 29 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              | T. Madison       |
| T. Queen                | T. Silurian      | T. Point Lookout        | T. Elbert        |
| T. Grayburg             | T. Montoya       | T. Mancos               | T. McCracken     |
| T. San Andres           | T. Simpson       | T. Gallup               | T. Ignacio Otzte |
| T. Glorieta             | T. McKee         | Base Greenhorn          | T. Granite       |
| T. Paddock              | T. Ellenburger   | T. Dakota               | T.               |
| T. Blinebry             | T. Gr. Wash      | T. Morrison             | T.               |
| T. Tubb                 | T. Delaware Sand | T. Todilto              | T.               |
| T. Drinkard             | T. Bone Springs  | T. Entrada              | T.               |
| T. Abo                  | T.               | T. Wingate              | T.               |
| T. Wolfcamp             | T.               | T. Chinle               | T.               |
| T. Penn                 | T.               | T. Permian              | T.               |
| T. Cisco (Bough C)      | T.               | T. Penn "A"             | T.               |

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....

No. 2, from.....to..... No. 4, from.....to.....

## IMPORTANT WATER SANDS

**Include data on rate of water inflow and elevation to which water rose in hole.**

No. 1, from.....to.....feet.....

No. 2, from.....to.....feet.....

No. 3. from ..... to ..... feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |