| Submit to Appropriate District Office State Lease - 6 copies | smit to Appropriate rict Office le Lease - 6 copies 12 3 4 5 6 Energy, Minerals and Natural Resources Department Lease - 5 copies 12 12 13 4 5 6 Energy Minerals and Natural Resources Department | | | | | | | | | Form C-105 Revised 1-1-89 | | | | |
|---|---|--------------|------------------------------------|------------|--------------------|---------------------|--------------------------------------|------------------|---|---------------------------------------|-----------------------------|---------------|--|--|
| P.O. Box 1980, Holds, NM 88240 2003 OIL CONSERVATION DIVISION | | | | | | | | | WELL API NO. 30-015-31557 | | | | | |
| 10 N Pacheco St | | | | | | | | | 5. Indicate Type of Lease | | | | | |
| OCD - ARTESIA 2/ | | | | | | | | | STATE X FEE 6. State Oil & Gas Lease No. | | | | | |
| DISTRICT III 1000 Rio Brazos Ro Seriec, NM 87410_ | | | | | | | | | | E-4200 | | | | |
| WELL COMPLETION OF RECOMPLETION REPORT AND LOG | | | | | | | | | | | | | | |
| 1a. Type of Well: OIL WELL GAS WELL DRY OTHER SWD — 809 — # | | | | | | | | | 7. Lease Name or Unit Agreement Name | | | | | |
| b. Type of Completion: NEW WORK PLUG DIFF WELL OVER DEEPEN BACK RESVR OTHER SWD | | | | | | | | | | DURANGO "15" STATE COM SWD | | | | |
| 2. Name of Operator | | | | | | | | | | | | | | |
| MARBOB ENERGY CORPORATION | | | | | | | | | | Pool name or Wildcat | | | | |
| 3. Address of Operator PPO BOX 227, ARTESIA, NM 88211-0227 | | | | | | | | | SWD; CISCO | | | | | |
| 4. Well Location | | | | | | | | | | | | | | |
| Unit Letter D: 660 Feet From The NORTH Line and 660 Feet From The WEST Line | | | | | | | | | | | | | | |
| Section | 15 | Townsh | • • | 7S Rar | | 29E | | NMP | | | EDI | | | |
| 10. Date Spudded | | | 12. Date Compl. (Ready to Prod.) | | | 13. Elevations (D | | | | iR, etc.) | 14. Ele | v. Casinghead | | |
| 3/29/01 15. Total Depth | 4/30/01 | k T D | D 17. If Multiple Compl. How 18. I | | | | | 4 GL tervals | 1 Rotary To | ols | Cable ⁻ | Tools | | |
| 10900' | 9 | 180' | Widthy Zonios: | | | | Dr | Drilled By 0 - 1 | | | 900' | | | |
| 19. Producing Interval(s | | Top, Botton | n, Name | | | | | | | 1 | | I Survey Made | | |
| 8750' - 8 | 3900 CISCO | | | | | | | | 22. Was W | | NO | | | |
| NONE NONE | When Edga Hair | | | | | | | | | | NO | | | |
| 23. | 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | | | | |
| CASING SIZE WEIGHT LB/FT. | | | DEPTH | | | | CEMENTING RECORD A 75 SX, CIRC 18 SX | | | MOUNT PULLED | | | | |
| 13 3/8" 9 5/8" | 48# 36# | + | 440' 2684' | | 17 1/2" 12 1/4" | | | | 050 SX, CIRC 10 SX | | | NONE NONE | | |
| 5 1/2" | | | 10900' | | 7 7/8" | | | | 85 SX, CIRC 20 | | | NONE | | |
| | | | | | | | | | | | | | | |
| 24 | 1 11 | | | NER RECORD | | | | 25. | 5. TUBING RECORD | | | | | |
| SIZE | | | TOM | | ACKS CEMENT | | SCREEN | | | | TH SET | PACKER SET | | |
| | | | | | | | | 2 | 2 7/8" 879 | | | | | |
| as Badaratian resort | rd (interval size and | l number) | | <u> </u> | | T ₂₇ ACI | D SH | OT FF | , FRACTURE, CEMENT, SQUEEZE, ETC. | | | | | |
| 26. Perforation record (interval, size, and number) 27. ACID, SHOT DEPTH INTERVAL | | | | | | | | | AMOUNT AND KIND MATERIAL USED | | | | | |
| 8770' - 8900' (130 SHOTS) 8770'-8900' | | | | | | | | 01 | ACDZ W/ 20K GAL 20% HCL ACID | | | | | |
| | | | | | | | | | | | | | | |
| 20 | | | | PRODUCT | rioi | ų – | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) | | | | | | | | | Well Status (Prod. or Shut-in) SWD | | | | | |
| Date of Test | Hours Tested | Ch | Choke Size Prod'n Fo | | | | | | - MCF Water - BbL. | | | | | |
| Flow Tubing Press. | Casing Pressure | | lculated 24- our Rate | Oil - BbL. | Oil - BbL. | | Gas - MCF | | Water - BbL. | | Oil Gravity - API - (Corr.) | | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By | | | | | | | | | | | | | | |
| 30. List Attachments | | | | | | | | | | | | | | |
| NONE 31. I hereby continuous that the information shown on both sides of this form is true and complete to the best of my knowledge and belief | | | | | | | | | | | | | | |
| 31. I hereby certify that the information shown on both sides of this fold is true and complete to the best of my knowledge and belief. Signature Printed Name DIANA J. CANNON Title PRODUCTION ANALYST 2/28/03 | | | | | | | | | | | | | | |
| Signature > | MW # W | <u> </u> | | Name | | | | | IE | | | aic | | |