Section   Proposed in British Color   DEC   Princip   State   Of New Mexico   Section   August 1, 2017   Section   August 1, 20				RE	CEI	<u>VE</u>	D						······································					
In the Internation is a process of the process of	Submit To Appropriate District Office Two Copies  TEC 13 2013								Form C-105 Revised August 1 2011									
1600 RO DEADS ADMITE AND 1930S   SAITA FE, MR 8750S   SAITA FE, MR 9750S   SAITA FE, MR 97	1625 N. French Dr	Hobbs, l	NM 88240										1. WELL	API	NO.	100	evised A	ugust 1, 2011
1600 RO DEADS ADMITE AND 1930S   SAITA FE, MR 8750S   SAITA FE, MR 9750S   SAITA FE, MR 97	811 S. First St., Artesia, NM 88210  NMOCD ARTESIA  30  2																	
1229 S.   1 Peach   1.5 Same C.   1.5 Mar S793    SARIE P.   N.   N.   1.5 Same C.	1000 Rio Brazos R	20 South S	t. Fı	rancis	s D	r.				☐ FEE		FED/IND	IAN					
## RESON FOR FILES  ## RESON FOR HIGH  ## RESON FOR HIGH  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only)  ## CASH A TEACHMENT (Fill in boxes #1 through #3.1 for State and Fee wells only through #3.1 for Stat		Dr., Santa	a Fe, NM 8750	05			Santa Fe, 1	NM	8750	5				& Gas	Lease No	).		
Second for Hilling   Second	WELL	COMF	PLETION	V OR F	RECO	MPL	ETION RE	POI	RT A	NE	LOG			製作	自然的证	्राच्यासः स्टब्स्		<b>高大区域党</b>
G. CHALCHON REPORT (Fill in boxes #1 through #9.31 for Tsite and Fee wells only)																ement N	lame	
#33. stanch file and the year to the Col 44 closure report in accordance with 2015.17.13 K NMACI   Tope of Complete State   New WILL   WORKOVER   DEPFENING   PLUGBACK   DEFFENING   SOFTHER   Convert to SWD	<b>⊠</b> COMPLET	ION RE	PORT (Fill	in boxes	#1 throu	gh #31	for State and Fe	e well	ls only)									
Name of Operator   New Well   WORKOVER   DEFFENNG   DIFFERENT RESERVOIR   SI OTHER   Convert to SWD												l/or						
S. Name of Operator   Production COMPANY   Production	7. Type of Comp	pletion:										/OIR	NOTHER	Con	nvert to S	:wn		
PO BOX 1030, ROSWELL NM 88202   Forty Niner Ridge Unit	8. Name of Oper	ator			DEEFE	MINO	ПРЕООВАС	<u>~</u>	DIFTE	KLI	VI KESEK	VOIN						
Surface:   O   22   23S   30E   990   S   2050   E   Eddy			L NM 8820	2	_	·										· · · · · · -		
13. Date Spuidled	12.Location	Unit Lt	r Section	on	Towns	ship Range Lot		Feet from		the	N/S Line	Feet from the		e E/W Line		County		
13. Date Spudded   14. Date T.D. Reached   15. Date Rig Released   16. Date Completed (Ready to Produce)   17. Elevations (DF and RKB, C3/03/05)   03/2005	Surface:	0	22		23S		30E				990		S	205	0	Е		Eddy
0.3/03/05   0.3/2005   0.3/2005   0.3/2005   0.4/2805   RT, CR, etc.) \$257 \ GR																		
18. Total Measured Depth of Well   19. Plug Back Measured Depth   7860°   20. Was Directional Survey Made?   21. Type Electric and Other Logs Run   7860°   22. Producing Interval(s), of this completion - Top, Bottom, Name   INJECTION   INTERVAL 4620-5780   DELA WARE	1			ached			g Released						ady to Produce) 17					
CASING NITERVAL 4620-5780 DELAWARE	18. Total Measur	red Depth	of Well	•		Plug Back Measured Depth 20. Was Direction					tiona	al Survey Made? 21. Type Electric and Other Logs Run						
CASING SIZE	22. Producing Int INJECTION	terval(s), INTER	of this comp VAL 4620	oletion - 7 0-5780	Γορ, Βοιι DELA	om, Na WAF	ime RE											
13 3/8"						CAS		OR				ring						
8 5/8" 32 3672 12 ½" 1350 sx Circ. 5 ½" 17 7907 77/8" 810 sx  24. LINER RECORD 25. TUBING RECORD SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 27/8" 4576 yes 26. Perforation record (interval. size, and number) 4620-5780, .42, 300  27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 4620-5780. S000 gals 7 ½% HCL  28. PRODUCTION Date of Test Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Stud-in) N/A  Date of Test Hours Tested Choke Size Prod'n For Test Period Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio Flow Tubing Casing Pressure Calculated 24 Hour Rate Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API - (Corr.)  29. Disposition of Gas (Sold, used for fuel, vented, etc.) 31. List Attachments 32. If a temporary pit was used at the well, stach 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 temporary pit.  29. Disposition of Gas (Sold, used for fuel, vented, etc.) 31. List Attachments 32. If a temporary pit was used at the well, report the exact 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.  Thereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed.			WEIG											CORD				
24. LINER RECORD SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 2 7/8" 4576 yes  26. Perforation record (interval. size, and number) 4620-5780, 42, 300  27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 4620-5780 5000 gals 7 ½% HCL  28. PRODUCTION Date First Production N/A  Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in)  Well Status (Prod. or Shut-in)  Water - Bbl. Gas - Oil Ratio Flow Tubing Casing Pressure Calculated 24-Hour Rate Hour Rate Hour Rate 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 1933  Printed Prin													<del></del>					
SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 27/8" 4576 yes  28/8	5 ½"			17			7907			7 7/8"		810 sx						
SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 27/8" 4576 yes  28/8								-					-					
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED  4620-5780, 42, 300  28.  PRODUCTION  Date First Production N/A  Production Method (Flowing, gas lift, pumping - Size and type pump)  Date of Test Hours Tested Choke Size Prod'n For Test Period  Casing Pressure Calculated 24-Hour Rate  Calculated 24-Hour Rate  Calculated 24-Hour Rate  Calculated 34-Hour Rate  Calculated 34-Hour Rate  Di I - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API - (Corr.)  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 Latitude Longitude NAD 1927 1983  Printed  Printed  Printed  AMOUNT AND KIND MATERIAL USED  S000 gals 7 ½% HCL  Well Status (Prod. or Shut-in)  Well Status (Prod. or Shut-in)  Water - Bbl. Oil Gravity - API - (Corr.)  30. Test Witnessed By  Api 1927 1983  Thereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief  Printed  Printed  Printed  AMOUNT AND KIND MATERIAL USED  Depth 1927 1983	24.					LIN	ER RECORD					25.	T	UBI	NG REC	ORD		
26. Perforation record (interval, size, and number)  27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED  4620-5780, 42, 300  28.  PRODUCTION  Date First Production  N/A  Date of Test  Hours Tested  Choke Size  Prod'n For Test Period  Test Period  Flow Tubing Press.  Casing Pressure  Calculated 24-Hour Rate  Oil - Bbl.  Gas - MCF  Water - Bbl.  Oil Gravity - API - (Corr.)  Prod'n For Test Period  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  Latitude  Longitude  NAD 1927 1983  Printle Production  NAD 1927 1983  Printle P	SIZE	TOP		ВОТ	ТОМ		SACKS CEMENT		SCREEN						Т		ER SET	
DEPTH INTERVAL 4620-5780 SO00 gals 7 1/2% HCL  28. PRODUCTION  Date First Production Nathod (Flowing, gas lift, pumping - Size and type pump)  Date of Test Hours Tested Choke Size Prod'n For Test Period Oil - Bbl Gas - MCF Water - Bbl. Gas - Oil Ratio  Flow Tubing Press. Calculated 24- Hour Rate Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API - (Corr.)  29. Disposition of Gas (Sold, used for fuel, vented, etc.)  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  Thereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief		-							1			2 /	//8"	4:	5/6		yes	
4620-5780, 42, 300  28.  PRODUCTION  Date First Production N/A  Date of Test  Hours Tested  Choke Size  Prod'n For Test Period  Test Period  Casing Pressure Press.  Calculated 24- Oil - Bbl.  Gas - MCF  Water - Bbl.  Oil Gravity - API - (Corr.)  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  Printed  Printed	26. Perforation	record (i	nterval, size	, and nun	nber)		<u></u>		27. A	\CI	D, SHOT,	FRA	ACTURE, CE	MEN	NT, SQU	EEZE,	ETC.	
PRODUCTION  Date First Production N/A  Production Method (Flowing, gas lift, pumping - Size and type pump)  Date of Test  Hours Tested  Choke Size  Prod'n For Test Period  Flow Tubing Press.  Calculated 24- Hour Rate  Calculated 24- Hour Rate  29. Disposition of Gas (Sold, used for fuel, vented, etc.)  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 on-site burial:  Latitude  Longitude  NAD 1927 1983  Printed  Printed  Printed  Printed  Printed	DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED																	
Date First Production N/A  Production Method (Flowing, gas lift, pumping - Size and type pump)  Well Status (Prod. or Shut-in)  Well Status (Prod. or Shut-in)  Date of Test Hours Tested  Choke Size Prod'n For Test Period  Gas - MCF Water - Bbl.  Gas - Oil Ratio  Gas - MCF Water - Bbl.  Oil Gravity - API - (Corr.)  Press.  29. Disposition of Gas (Sold, used for fuel, vented, etc.)  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  Printed	7020-3700, .72, 300								4620	)-5	/80		JUUU gais / 72% HCL					
Date First Production N/A  Production Method (Flowing, gas lift, pumping - Size and type pump)  Well Status (Prod. or Shut-in)  Well Status (Prod. or Shut-in)  Date of Test Hours Tested  Choke Size Prod'n For Test Period  Gas - MCF Water - Bbl.  Gas - Oil Ratio  Gas - MCF Water - Bbl.  Oil Gravity - API - (Corr.)  Press.  29. Disposition of Gas (Sold, used for fuel, vented, etc.)  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  Printed										-								
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Press. Hour Rate  29. Disposition of Gas (Sold, used for fuel, vented, etc.)  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	Date of Test	Hour	s Tested	Cho	ke Size				Oil - I	ВЫ		Gas	- MCF	W.	ater - Bbl		Gas - C	Dil Ratio
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	,	Casir	g Pressure	1		4-	Oil - Bbl.		G I	as -	MCF		Water - Bbl.		Oil Gra	vity - A	.PI - <i>(Cor</i>	r.)
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	29. Disposition o	f Gas (So	ld, used for j	1										30. T	est Witne	ssed By	/	
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	31. List Attachme	ents																
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  Printed	32. If a temporary	y pit was	used at the v	vell, attac	h a plat	with the	c location of the	tempo	orary pit	i.						·		
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	33. If an on-site b	ourial was	used at the	well, repo	ort the ex	act loc		ite bu	rial;									
Signature Kand Landold Name Paul Ragsdale Title Operations Date  E-mail Address pragsdale destratanm.com  Name Paul Ragsdale  MANAger 12-12-13	I hereby certif	Sy that t	he inform	ation sh	iown oi	n both	sides of this	form	is tru	e a	nd compl		to the best of	•			NA d belief	D 1927 1983
E-mail Address pragsdale@stratanm.com  MANAGER 12-13	Signature //		9	luli				agsda	ale			T	itle O, Sero	t	lones	$\sim$		Date
/ 1	E-mail Addres	ss prags	- ·- X				·						MANA	ger	<u>c</u>	7	12	-12-13

## **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

	ATION TOPS IN CONFORMA						
Souther	astern 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 3750'	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	Τ				
T. Blinebry	T. Gr. Wash	T. Morrison	Т.				
T.Tubb	T. Delaware Sand 3778	T.Todilto	T				
T. Drinkard	T. Bone Springs 7622	T. Entrada	T.				
T. Abo	Т.	T. Wingate	T.				
T. Wolfcamp	Τ.	T. Chinle	T.				
T. Penn	Т.	T. Permian	T.				
T. Cisco (Bough C)	T	T. Penn "A"	T.				

N. 1 C		N. 2 C	OIL OR GAS SANDS OR ZONES
No. 1, Irom	,		to
No. 2, from	to		to
·	IMPO	ORTANT 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	feetfeet	
•		feet	
,			

LITHOLOGY RECORD (Attach additional sheet if necessary)

			Difficult of the core	<u> </u>				
From	То	Thickness In Feet	Lithology		From	То	Thickness In Feet	Lithology
Surf	422	422	Redbed & Salt					
422	2268	1846	Salt & Anhydrite					
2268	3750	1482	Anhydrite					
3750	7622	3872	Sandstone & Shale					
7622	7898	276	Limestone, Sand & Shale					
		-						