Submit To Appropria State Lease - 6 copies	Appropriate District Office State of New Mexico						Form C-105						
Fee Lease - 5 copies	,	Ene	Energy, Minerals and Natural Resources					Revised June 10, 2003					
District I 1625 N. French Dr	20 NO. 10 NIM 88240							WELL API NO.					
District YY	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Oil Conservation	ricion	30-005-63677								
1301 W Grand Aven	ue. Artesia, NM 88210				5. Indicate Type of Lease								
District III 1000 Rio Brazos Rd.,	Aster NM187410		1220 South St.		STATE X FEE								
Dietrict IV			Santa Fe, NI	M 875	05	Γ	State Oil & Gas Lease No. VO-5534						
1220 S St. Francis Dr., Santa HA MM 87505													
WELL C	OMPLETION C	R RECO	MPLETION REP	ORT A	AND LOG		Tolk day		16				
la. Type of Well:	7. Lease Name	or Unit Agr	eement Na	ame									
OIL WELL	GAS WELL												
h Tyme of Comm	lation.						Value BCV S	State Con	ı				
b. Type of Comp NEW X		N T DI	UG DIFF.	CI	P 13 200	<i>i</i>							
	OVER DEET		ACK RESVR.	Si	TF 10 2001	'							
2. Name of Operato				ÜC	D-ARTES	A	8. Well No						
Yates Petroleur	n Corporation						2						
3. Address of Oper		NTN# 0001	(505) 740 1	171		- 1	9. Pool name or		C	41 ₋			
4. Well Location	in Street, Artesia,	NIVI 88211	0 (505) 748-1	4/1			Leslie Spring	g; wonca	mp, sou	<u>un</u>			
4. Well Location													
Unit Letter	B:_ 66	Feet	From The Nortl	h .	Line and	19	80 Feet	From The	Eas	t Line			
			•	-				•					
Section	2	Townsh		Range			NMPM		naves	County			
10. Date Spudded	11. Date T.D. Reach	ed 12. E	Date Compl. (Ready to Pro	d.)	13. Elevations		RKB, RT, GR,	etc.)	14. Elev.	Casinghead			
RH 7/6/07	7/26/07	ŀ	9/12/07				31'GR						
RT 7/9/07			1.5 1034 131 6 1 1				47'KB						
15 Total Depth 5675'	16 Plug Back 563		17. If Multiple Compl. H Zones?	low Man	y 18 Interv Drilled B		Rotary Tools	(75)	Cable T	ools			
	rval(s), of this complet				Difficu B	у	100'-50). Was Dire	etional Su	myay Mada			
5286'-5302' W		on - Top, Bot	toni, Name				N N		cuonai Su	ii vey iviade			
	nd Other Logs Run						22. Was Well						
	aterolog Array, C	3L					No	00100					
23.			RECORD (Report all s	trings se	t in well)		·····			-			
CASING SIZ	E WEIGHT		DEPTH SET		HOLE SIZE		CEMENTING	RECORD	Al	MOUNT PULLED			
20"	Cond	ictor	100'		26"		Redi-1	nix					
9-5/8"	36	#	1115'		14-3/4"		1000 sx	(circ)					
5-1/2"	15.	5#	5675'		8-3/4"		1275 sx	(circ)					
24.			LINER RECORD			25.		JBING RI					
SIZE	TOP	BOTTOM	SACKS CEME	NT SC	REEN	SIZ		DEPTH S	ET_	PACKER SET			
						2-7	7/8"	5240'		5240'			
	1					<u></u>							
26. Perforation r	ecord (interval, size, an	d number)					RACTURE, CEMENT, SQUEEZE, ETC.						
50002 50002 (6	.07				PTH INTERVAL		AMOUNT AND KIND MATERIAL USED Acidize w/2000g 15% NEFE acid w/100 balls						
5286'-5302' (6	18)			52	86'-5302'		Acidize W/2	2000g 15	% NEFE	acid w/100 balls			
				<u> </u>			 						
					LOTTON		<u> </u>						
28					UCTION								
Date First Producti	ion Pr	oduction Met	thod (Flowing, gas lift, pur	nping - S	ize and type pump)	Well Status (
Date of Test	Hours Tested	Choke Size	Prod'n For	0:1	- Bbl	Cor	- MCF	Water - E	SIWOPI	Gas - Oil Ratio			
8/19/07	24 hrs	3/8"		1	0	i Gas	210		0	NA			
Flow Tubing	Casing Pressure	Calculated			Gas - MCF	Ц.,	Water - Bbl.		~	PI - (Corr.)			
Press.	Packer	Hour Rate	1 0		210	I	0	"		NA			
50 psi		<u> </u>	·				_						
29. Disposition of	Gas (Sold, used for fue	l, vented, etc.,)					Test Witnes	sed By				
Sold when con	Sold when connected									Mike Allen			
30. List Attachments													
Logs													
	fy that the informati	on shown or	n both sides of this form	as true	and complete to	o the	best of my kno	wledge an	d belief				
Signatural	Printed Signature Name Tina Huerta Title Regulatory Compliance Supervisor Date September 12, 2007												
Signature	Traine That The Tregulatory Compliance Supervisor Date September 12, 2007												
E-mail Addres	s: tinah@ypcnm.o	om											

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

So	utheastern	New Mexico	Northwestern New Mexico			
T. Anhy		T. Canyon		T. Ojo Alamo	T. Penn. "B	
T. Salt		T. Strawn 5	560'	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	492'	T. Siluro-Ordovician		T. Point Lookout	T. Elbert	
T. Grayburg	730'	T. Montoya		T. Mancos	T. McCracken	
T. San Andres	954'	T. Simpson		T. Gallup	T. Ignacio Otzte	
T. Glorieta	2018'	T. McKee		Base Greenhorn	T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		
T. Blinebry		T. Gr. Wash		T. Morrison		
T.Tubb	3560'	T. Delaware Sand		T.Todilto		
T. Drinkard		T. Bone Springs		T. Entrada		
T. Abo	4284'	T. Penrose	594'	T. Wingate		
T. Wolfcamp	4964'	T. Yeso 2	138'	T. Chinle		
Wolfcamp B Zone		Precambrian 5	634'	T. Permian		
T. Cisco	5459'			T. Penn "A		

			SAND	S OR ZONE
No. 1, from	to	No. 3, from	to	
No. 2, from	to	No. 4, from	to	
		TANT WATER SANDS		
Include data on rate of	water inflow and elevation to wh	ich water rose in hole.		
No. 1, from	toto	feet		
No. 2, from	to	feet	*	
		feet		
	LITHOLOGY RECO	ORD (Attach additional sheet	if necessary)	

From	То	Thickness In Feet	Lithology		From	То	Thickness In Feet	Lithology
	:							
				,				

District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avent Artesia, NM 88210 District III 1000 Rio Brazos Rd. Arte. NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

SEP 13 2007

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number				² Pool Code	;	³ Pool Name						
30-005-63677 97110 Leslie Spring; Wolfcamp, Sou								outh				
⁴ Property (Code		1		6 7	6 Well Number						
33592		Value BCV State Com							2			
⁷ OGRID	No.				⁸ Operator	Name			⁹ Elevation			
025575	5	Yates Petroleum Corporation							3831'GR			
¹⁰ Surface Location												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line County				
В	2	8S	26E		660	North	1980	Eas	Chaves			
	¹¹ Bottom Hole Location If Different From Surface											
UL or lot no.	Section	Township Ran		Lot Idn	Feet from the	North/South line	Feet from the	East/We	st line	County		
12 Dedicated Acres	13 Joint of	r Infill 14 (Consolidation	Code 15 Or	der No.							
320												
	1											

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

		1	17
16	_		¹⁷ OPERATOR CERTIFICATION
			I hereby certify that the information contained herein is true and complete
	: : : : : : : : : : : : : : : : : : :		to the best of my knowledge and belief, and that this organization either
	-4		owns a working interest or unleased mineral interest in the land including
		1980'E	the proposed bottom hole location or has a right to drill this well at this
		1140	location pursuant to a contract with an owner of such a mineral or working
			interest, or to a voluntary pooling agreement or a compulsory pooling
	•		order heretofore entered by the division
			September 12, 2007
			Signature Date
			Signature Date
			Tına Huerta
			Printed Name
			¹⁸ SURVEYOR CERTIFICATION
			I hereby certify that the well location shown on this
			plat was plotted from field notes of actual surveys
			made by me or under my supervision, and that the
			same is true and correct to the best of my belief.
			Date of Survey
			Signature and Seal of Professional Surveyor:
,			,
			Certificate Number