Submit to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

State Lease - 6 copies Fee Lease - 5 copies DISTRICT I DISTRICT I
P.O. Box 1980, Hobbs, NM SPECEIVEDL CONSERVATION DIVISION WELL API NO. 30-015-22169 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 8 20 9 6 2003 5. Indicate Type of Lease Santa Fe. New Mexico 87504-2088 STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. WELL COMPLETION OR RECOMPLETION REPORT AND LOG la. Type of Well: 7. Lease Name or Unit Agreement Name DRY GAS WELL X OIL WELL OTHER MESA ARRIBA b. Type of Completion: WORK NEW PLUG OTHER RE-ENTRY DEEPEN WELL RESVR 2. Name of Operator 8. Well No. THOMPSON, J. CLEO 9. Pool name or Wildcat 3. Address of Operator P.O. BOX 12577 ODESSA TX 79768-2577 HAPPY VALLEY (STRAWN) 4. Well Location 1980 Feet From The NORTH EAST _ Line and 660 Feet From The Unit Letter Line Range 26E Township 22S NMPM EDDY Section 10 County 10. Date Spudded 11. Date T.D. Reached 12. Date Compl. (Ready to Prod.) 13. Elevations (DF & RKB, RT, GR, etc.) 14. Elev. Casinghead 08/11/2003 08/18/2003 11/12/2003 3197.2 RKB 3179 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By 15. Total Depth 16. Plug Back T.D. Rotary Tools Cable Tools 11.500 11.423 19. Producing Interval(s), of this completion - Top, Bottom, Name 20. Was Directional Survey Made 10.034 - 10.209 STRAWN NO 21. Type Electric and Other Logs Run 22. Was Well Cored LDT, CNL, GR NO 23. CASING RECORD (Report all strings set in well) WEIGHT LB./FT. **DEPTH SET HOLE SIZE CASING SIZE** CEMENTING RECORD AMOUNT PULLED 48 & 54 13 3/8 300 17 1/2 300 SX (CIRC) 9 5/8 2228 2100 SX (CIRC) 36 12 1/2 8 3/4 5 1/2 17 11497 1625 SX 24. LINER RECORD **TUBING RECORD** SIZE TOP воттом SACKS CEMENT **SCREEN** SIZE **DEPTH SET** PACKER SET 26. Perforation record (interval, size, and number) 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 10, 034 - 10,299 (25 HOLÉS (.4") DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 10034 - 10299 5000 GALS 15% HCL **PRODUCTION** Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in) **FLOWING** SHUT-IN Date of Test Hours Tested Choke Size Prod'n For Oil - Bbl. Water - Bbl. Gas - MCF Gas - Oil Ratio 11/15/2003 20/64 Test Period 49 2869 58,551 12 | 111 Flow Tubing Press. Calculated 24-Hour Rate Oil - Blbl. Gas - MCF Oil Gravity - API - (Corr.) Casing Pressure Water - Bbl. 2450 3250 98 5738 222 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By **FLARED** AMADOR PANDO 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 Printed Title OPS MANAGER Date 11/19/2003 JIM STEVENS Signature Name

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 stern 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

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T. Kirtland-Fruitland _____ T. Penn. "C"

T. Pictured Cliffs T. Penn. "D" T. Cliff House T. Leadville

T. Penn. "B"

Southeastern New Mexico

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T. Salt

B. Salt

T. Yates

T. Canyon ___

T. Atoka

T. Miss _____

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