

Submit To: Appropriate District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-105  
Revised March 25, 1999

WELL API NO.

30-005-63351

5. Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

LG-0564

C/S F  
B/M  
B/M  
S/L

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: 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 <b>Pueblo AXJ State Com</b>			
b. Type of Completion: NEW <input type="checkbox"/> WORK <input type="checkbox"/> PLUG <input type="checkbox"/> RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> BACK <input type="checkbox"/>				8. Well No. <b>#1</b>			
2. Name of Operator <b>Yates Petroleum Corporation</b>				9. Pool name or Wildcat <b>Pecos Slope Abo</b>			
3. Address of Operator <b>105 South 4<sup>th</sup> St., Artesia, NM 88210</b>							
4. Well Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>3</b> Township <b>5S</b> Range <b>24E</b> NMPM <b>Chaves</b> County							
10. Date Spudded <b>RH - 5/31/01</b> <b>RT - 6/6/01</b>		11. Date T.D. Reached <b>6/13/01</b>		12. Date Compl. (Ready to Prod.) <b>7/03/01</b>		13. Elevations (DF& RKB, RT, GR, etc.) <b>3922' GR</b>	
15. Total Depth <b>4114'</b>		16. Plug Back T.D. <b>4068'</b>		17. If Multiple Compl. How Many Zones? <b>40-4114'</b>		18. Intervals Drilled By <b>Rotary Tools</b>	
19. Producing Interval(s), of this completion - Top, Bottom, Name <b>3508-3704' Abo</b>						20. Was Directional Survey Made <b>No</b>	
21. Type Electric and Other Logs Run <b>CNL/LDC, Laterolog</b>						22. Was Well Cored <b>No</b>	
23. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE	
16"				40'		20"	
11-3/4"		42#		910'		14-3/4"	
4-1/2"		10.5#		4114'		7-7/8"	
24. LINER RECORD				25. TUBING RECORD			
SIZE		TOP		BOTTOM		SCREEN	
26. Perforation record (interval, size, and number) <b>See Attached</b>				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL <b>See Attached</b>			
				AMOUNT AND KIND MATERIAL USED			
28. PRODUCTION							
Date First Production <b>7/17/01</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>Flowing</b>				Well Status (Prod. or Shut-in) <b>Producing</b>	
Date of Test <b>7/26/01</b>		Hours Tested <b>24</b>		Choke Size <b>15/64"</b>		Prod'n For Test Period	
Flow Tubing Press. <b>200#</b>		Casing Pressure		Calculated 24-Hour Rate		Oil - Bbl. <b>0</b>	
						Gas - MCF <b>108</b>	
						Water - Bbl. <b>135</b>	
						Oil Gravity - API - (Corr.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>Sold</b>						Test Witnessed By <b>Pete Hatch</b>	
30. List Attachments <b>Deviation Survey &amp; Logs</b>							
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 *[Signature]* Printed Name **Susan Heroin** Title **Engineering Tech.** Date **October 5, 2001**

# 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

Northwestern New Mexico	
. Anhy _____	T. Canyon _____
. Salt _____	T. Strawn _____
. Salt _____	T. Atoka _____
. Yates _____	T. Miss _____
. 7 Rivers _____	T. Devonian _____
. Queen _____	T. Silurian _____
. Grayburg _____	T. Montoya _____
. San Andres 511'	T. Simpson _____
. Glorieta 1352'	T. McKee _____
. Paddock _____	T. Ellenburger _____
. Blinebry _____	T. Gr. Wash _____
. Tubb 2839'	T. Delaware Sand _____
. Drinkard _____	T. Bone Springs _____
. Abo 3460'	T. Yeso 1468'
. Wolfcamp _____	T. Ordovician _____
. Penn Clastics _____	
. Cisco _____	

OIL OR GAS SANDS  
OR ZONES

**OR ZONES**

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

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

No. 3, 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 In Feet	Lithology

  

From	To	Thickness In Feet	Lithology