Submit to Appropriate District Office State Lease = 6 copies Fee Lease - 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

DISTRICT I **OIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240

WELL API NO. P.O. Box 2088 30-025-06844 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE | FEE 🗸 DISTRICT III 6. State Oil / Gas Lease 1000 Rio Brazos Rd., Aztec, NM 87410 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 1a. Type of Well: 7. Lease Name or Unit Agreement Name DRY OTHER GAS WELL OIL WELL **EUNICE KING** OTHER b. Type of Completion: **PLUG** DIFF RECOMPLETION NEW WELL BACK [RES. WORKOVER DEEPEN 2. Name of Operator 8. Well No. CHEVRON USA INC 3. Address of Operator 9. Pool Name or Wildcat 15 SMITH ROAD, MIDLAND, TX 79705 PENROSE SKELLY GRAYBURG 4. Well Location H : 1980' Feet From The NORTH Line and 660' Feet From The EAST Unit Letter LEA COUNTY _ Township 21-S __ Range <u>37-E</u> NMPM _ Section 28 14. Elev. Csghead 10. Date Spudded 13. Elevations (DF & RKB, RT, GR, etc.) 11. Date T.D. Reached 12. Date Compl. (Ready to Prod.) 6/11/2004 6/22/2004 3435' GL 15. Total Depth 17. If Mult. Compl. How Many Zones? 16. Plug Back T.D. Rotary Tools Cable Tools 18. Intervals 4904 Drilled By 6627' 20. Was Directional Survey Made 19. Producing Interval(s), of this completion - Top, Bottom, Name 3663-3868' GRAYBURG 21. Type Electric and Other Logs Run 22. Was Well Cored GR/CN/CCL, GR/CBL/CCL 23. CASING RECORD (Report all Strings set in well) CASING SIZE WEIGHT LB./FT. **DEPTH SET** HOLE SIZE CEMENT RECORD AMOUNT PULLED NO CHANGE 24. LINER RECORD **TUBING RECORD** SIZE воттом SACKS CEMENT **SCREEN** TOP SIZE **DEPTH SET** PACKER SET 2 7/8" 3768 ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. Perforation record (interval, size, and number) 3663-3868' (58' & 225 HOLES) DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 3663-3868' ACIDÎZE W73500 GALS 15% HCL FRAC W/66,000 GALS YELS & SAND ුත 6 28. Well Status (Prod. or Shut-in) **PRODUCTION** 9 Date First Production Production Method (Flowing, gas lift, pumping - size and type pump) PROD $\underline{\omega}$ 7/11/2004 讴 PUMPING - SUB PUMP Choke Size Oil - Bbl. Gas \MCF Date of Test Hours tested Prod'n For Water - Bbl. Gas - Oil Ratio **Test Period** 79 373 7-11-04 1405 4716 Flow Tubing Press. Casing Pressure Calculated 24-Oil - Bbl Gas - MCF Water - Bbl. ¿Oil/Gravity - API -(Corr.) Hour Rate 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By SOLD 30. List Attachments 31. I hereby certify that the information on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Regulatory Specialist** SIGNATURE__/ DATE TYPE OR PRINT NAME Denise Leake 915-687-7375 Telephone No.