

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br>District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II<br>1301 W. Grand Avenue, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br>1220 South St. Francis<br>Santa Fe, NM 87505 | <b>Fonn C-105</b><br>Revised June 10, 2003<br><br>WELL API NO.<br>30 025 36863<br>5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> <del>FEE</del><br>State Oil & Gas Lease No. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER _____<br><br>b. Type of Completion:<br>NEW <input checked="" type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. <input type="checkbox"/><br>WELL OVER BACK RESVR- <input checked="" type="checkbox"/> OTHER _____<br><br>2. Name of Operator<br>Melrose Operating Co.<br>3. Address of Operator<br>c/o Box 953, Midland, TX 79702 | 7- Lease Name or Unit Agreement Name<br>Cone Jalmat Yates Pool Unit<br><br>8. Well No.<br>204<br><br>9. Pool name or Wildcat<br>Jalmat, (Tansil, Yates, Seven Rivers) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

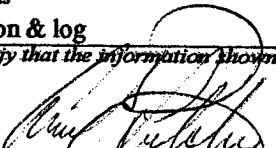
|                                                                                                                                       |                                  |                                             |                                                 |                                       |             |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------------|---------------------------------------|-------------|
| 4. Well Location<br>Unit Letter <u>L</u> <u>2625'</u> Feet From The <u>South</u> Line and <u>1310'</u> Feet From 'Me <u>West</u> Line |                                  |                                             |                                                 |                                       |             |
| Section <u>13</u>                                                                                                                     | Township <u>22S</u>              | Range <u>35E</u>                            | NMPM                                            | Lea                                   | county      |
| 10. Date Spudded<br>11-3-04                                                                                                           | 11. Date T.D. Reached<br>11-9-04 | 12. Date Compl. (Ready to Prod.)<br>12-2-04 | 13. Elevations (DF& RKB, RT, GR, etc~)<br>3576' | 14. Elev. Casinghead                  |             |
| 15. Total Depth<br>4170'                                                                                                              | 16. Plug Back T.D.<br>4168'      | 17. If Multiple Compl. How Many Zones?<br>  | 18. Intervals Drilled By<br>X                   | Rotary Tools                          | Cable Tools |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>3754 - 3928' Yates                                               |                                  |                                             |                                                 | 20. Was Directional Survey Made<br>no |             |
| 21. Type Electric and Other Logs Run<br>GR/CBL/CCL                                                                                    |                                  |                                             | 21 Was Well Cored<br>no                         |                                       |             |

| 23. CASING RECORD (Report all strings set in well) |                |           |           |                  |                |
|----------------------------------------------------|----------------|-----------|-----------|------------------|----------------|
| CASING SIZE                                        | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | A-MOUNT PULLED |
| 8 5/8"                                             | 24#            | 399'      | 12 1/4"   | 300 sx           | none           |
| 5 1/2"                                             | 15.5#          | 4168'     | 7 7/8"    | 690 sx           | none           |
|                                                    |                |           |           |                  |                |
|                                                    |                |           |           |                  |                |
|                                                    |                |           |           |                  |                |

|                                                                              |     |        |              |                                                |        |           |
|------------------------------------------------------------------------------|-----|--------|--------------|------------------------------------------------|--------|-----------|
| 24. LINER RECORD                                                             |     |        |              | 25. TUBING RECORD                              |        |           |
| SIZE                                                                         | TOP | BOTTOM | SACKS CEMENT | SCREEN                                         | SIZE   | DEPTH SET |
|                                                                              |     |        |              |                                                | 2 3/8" | 3700'     |
| 26. Perforation record (interval, size, and number)                          |     |        |              | 21 ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |        |           |
| Perforated w/2spf @ 3854-58,94-3800, 3810-16, 20-26, 47-54, 58-66, 3925-28'. |     |        |              | DEPTH INTERVAL                                 |        |           |
|                                                                              |     |        |              | AMOUNT AND KIND MATERIAL USED                  |        |           |
|                                                                              |     |        |              | 3754-3928' 4900 gals 15% NEFE.                 |        |           |
|                                                                              |     |        |              | 2300 bbls frac w/170,720# 20/40 sand           |        |           |

| 28. PRODUCTION                   |                     |                                                                               |                            |                 |                  |                                             |                        |
|----------------------------------|---------------------|-------------------------------------------------------------------------------|----------------------------|-----------------|------------------|---------------------------------------------|------------------------|
| Date First Production<br>12-2-04 |                     | Production Method (Flowing, gas lift pumping - Size and type pump)<br>pumping |                            |                 |                  | Well Status (Prod. or Shut-in)<br>producing |                        |
| Date of Test<br>12-4-04          | Hours Tested<br>24  | FC, hole Size<br>                                                             | Prod'n For Test Period<br> | Oil - Bbl<br>36 | Gas - MCF<br>10  | Water - Bbl<br>101                          | Gas - Oil Ratio<br>278 |
| Flow Tubing Press.<br>           | Casing Pressure<br> | Calculated 24-Hour Rate<br>                                                   | Oil - Bbl.<br>             | Gas - MCF<br>   | Water - Bbl.<br> | Oil Gravity - API - (Corr.)<br>             |                        |

|                                                                     |                   |
|---------------------------------------------------------------------|-------------------|
| 29. Disposition of Gas (gold, used for fuel, vented, etc.)<br>Sales | Test Witnessed By |
|---------------------------------------------------------------------|-------------------|

|                                                                                                                                        |                                |                           |                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|-----------------|
| 30. List Attachments<br>C-104, inclination & log                                                                                       |                                |                           |                 |
| 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<br>                                       | Printed Name<br>Ann E. Ritchie | Title<br>Regulatory Agent | Date<br>1-19-05 |

## 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

T. Anhy \_\_\_\_\_  
T. Salt \_\_\_\_\_  
B. Salt \_\_\_\_\_  
T. Yates \_\_\_\_\_ 3732'  
T. 7 Rivers \_\_\_\_\_  
T. Queen \_\_\_\_\_  
T. Grayburg \_\_\_\_\_  
T. San Andres \_\_\_\_\_  
T. Glorieta \_\_\_\_\_  
T. Paddock \_\_\_\_\_  
T. Blinebry \_\_\_\_\_  
T. Tubb \_\_\_\_\_  
F. Drinkard \_\_\_\_\_  
T. Abo \_\_\_\_\_  
T. Wolfcamp \_\_\_\_\_  
T. Penn \_\_\_\_\_  
T. Cisco (Bough C) \_\_\_\_\_

T. Canyon \_\_\_\_\_  
T. Strawn \_\_\_\_\_  
T. Atoka \_\_\_\_\_  
T. Miss \_\_\_\_\_  
T. Devonian \_\_\_\_\_  
T. Silurian \_\_\_\_\_  
T. Montoya \_\_\_\_\_  
T. Simpson \_\_\_\_\_  
T. McKee \_\_\_\_\_  
T. Ellenburger \_\_\_\_\_  
T. Gr. Wash \_\_\_\_\_  
T. Delaware Sand \_\_\_\_\_  
T. Bone Springs \_\_\_\_\_  
T. \_\_\_\_\_  
T. \_\_\_\_\_  
T. \_\_\_\_\_  
T. \_\_\_\_\_

## Northwestern New Mexico

- T. Ojo Alamo
- T. Kirtland-Fruitland
- T. Pictured Cliffs
- T. Cliff House
- T. Menefee
- T. Point Lookout
- T. Mancos
- T. Gallup
- Base Greenhorn
- T. Dakota
- T. Morrison
- T. Todilto
- F. Entrada
- T. Wingate
- T. Chinle
- T. Permian
- T. Penn "A"

T. Penn. "B"  
T. Penn. "C"  
T. Penn. "D"  
T. Leadville  
T. Madison  
T. Elbert  
T. McCracken  
T. Ignacio Otzte  
T. Granite  
T.  
T.  
T.  
T.  
T.  
T.  
T.

## OIL OR GAS SANDS 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<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |