

Submit To Appropriate District Office Two Copies District I 1625 N French Dr , Hobbs, NM 88240 District II 811 S. First St , Artesia, NM 88210 District III 1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 S St. Francis Dr , Santa Fe, NM 87505		<div style="position: relative;"> <div style="position: absolute; top: -20px; left: 0; font-weight: bold;">HOBBS OGD</div> <div style="position: absolute; top: -20px; left: 50px; font-weight: bold;">JUN 25 2012</div> <div style="position: absolute; top: -20px; left: 100px; font-weight: bold;">RECEIVED</div> </div> <div style="text-align: center;"> State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 220 South St. Francis Dr. Santa Fe, NM 87505 </div>			Form C-105 Revised August 1, 2011					
<div style="display: flex; justify-content: space-between;"> <div style="width:60%;"> WELL COMPLETION OR RECOMPLETION REPORT AND LOG </div> <div style="width:35%; border: 1px solid black; padding: 2px;"> 1. WELL API NO. 30-025-03108 </div> </div>										
<div style="display: flex; justify-content: space-between;"> <div style="width:60%;"> 4 Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) </div> <div style="width:35%; border: 1px solid black; padding: 2px;"> 5 Lease Name or Unit Agreement Name HOBBS "N" STATE 6 Well Number <div style="text-align: center;">1</div> </div> </div>										
7 Type of Completion. <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input checked="" type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator CHEVRON U.S.A. INC			9. OGRID 4323							
10 Address of Operator 15 SMITH ROAD MIDLAND, TEXAS 79705			11. Pool name or Wildcat VACUUM; BLINEBRY							
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	D	8	18-S	35-E		330	NORTH	358	WEST	LEA
BH:										
13 Date Spudded 06-06-2011	14 Date T D. Reached	15. Date Rig Released 04-03-2012		16. Date Completed (Ready to Produce) 04-02-2012		17. Elevations (DF and RKB, RT, GR, etc)				
18 Total Measured Depth of Well 9050'		19. Plug Back Measured Depth 6500'		20. Was Directional Survey Made? NO		21 Type Electric and Other Logs Run RAL				
22. Producing Interval(s), of this completion - Top, Bottom, Name BLINEBRY 5844-6074'										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE	WEIGHT LB /FT		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
NO CHANGE										
24. LINER RECORD						25. TUBING RECORD				
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		SIZE	DEPTH SET		PACKER SET	
						2 7/8"	6153'			
26 Perforation record (interval, size, and number) 6070-6074, 6018-6022, 5980-5984, 5948-5952, 5908-5912, 5844-5848						27 ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						5844-6074		ACIDIZE W/3500 GALS 15% NEFE		
						5948-6074		ACIDIZE W.57 BBLS 15% NEFE		
28. PRODUCTION										
Date First Production 08-17-2011		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) PUMPING				Well Status (<i>Prod. or Shut-in</i>) PROD				
Date of Test 04-12-2012	Hours Tested 24 HRS	Choke Size	Prod'n For Test Period	Oil - Bbl 0	Gas - MCF 240	Water - Bbl 45	Gas - Oil Ratio 0			
Flow Tubing Press.	Casing Pressure	Calculated 24- Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl	Oil Gravity - API - (<i>Corr</i>)				
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) SOLD							30. Test Witnessed By			
31. List Attachments										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial										
Latitude _____ Longitude _____ NAD 1927 1983										
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										
Signature			Printed Name DENISE PINKERTON		Title REGULATORY SPECIALIST			Date 06-21-2012		
E-mail Address leakejd@chevron.com										