

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| | |
|--------------------------------------|--|
| WELL API NO. | 30-025-06912 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil / Gas Lease | 317230 |
| 7. Lease Name or Unit Agreement Name | V.M. HENDERSON |
| 8. Well No. | 6 |
| 9. Pool Name or Wildcat | PENROSE SKELLY GRAYBURG |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

| | | | | | |
|---|-----------------------------|---|---|--|-------------|
| 1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | 7. Lease Name or Unit Agreement Name V.M. HENDERSON | |
| b. Type of Completion: NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RES. <input type="checkbox"/> OTHER RECOMPLETION <input type="checkbox"/> | | | | | |
| 2. Name of Operator CHEVRON USA INC | | | | 8. Well No. 6 | |
| 3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705 | | | | 9. Pool Name or Wildcat PENROSE SKELLY GRAYBURG | |
| 4. Well Location Unit Letter <u>C</u> : <u>760</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY | | | | | |
| 10. Date Spudded 3/18/2005 | 11. Date T.D. Reached | 12. Date Compl. (Ready to Prod.) 3/24/2005 | 13. Elevations (DF & RKB, RT, GR, etc.) 3496' GL | 14. Elev. Csghead | |
| 15. Total Depth 6700' | 16. Plug Back T.D. 5065' | 17. If Mult. Compl. How Many Zones? | 18. Intervals Drilled By | Rotary Tools | Cable Tools |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name 3648-3928' GRAYBURG | | | | 20. Was Directional Survey Made No | |
| 21. Type Electric and Other Logs Run CBL | | | | 22. Was Well Cored No | |

CASING RECORD (Report all Strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENT RECORD | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|---------------|---------------|
| | | | NO CHANGE | | |
| | | | | | |
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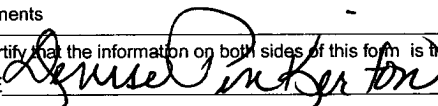
| 24. LINER RECORD | | | | | 25. TUBING RECORD | | |
|------------------|-----|--------|--------------|--------|-------------------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
| | | | | | 2 7/8" | 3606' | |
| | | | | | | | |

| | | |
|--|---|---------------------------------|
| 26. Perforation record (interval, size, and number) 3924-28, 3906-14, 3888-96, 3867-75, 3856-62, 3842-48, 3831-36, 3820-26, 3812-16, 3788-92, 3774-80, 3764-68, 3740-48, 3724-29, 3706-12, 3698-3702, 3690-94, 3676-84, 3648-56 | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | |
| | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
| | 3648-3928' | ACIDIZE W/4000 GALS 15% HCL |
| | | FRAC W/66,000 GALS YF130 & SAND |

| | | | | | | | |
|------------------------------------|------------------------|--|------------------------|------------------|------------------|--|-------------------------|
| 28. PRODUCTION | | | | | | | |
| Date First Production 4/14/2005 | | Production Method (Flowing, gas lift, pumping - size and type pump) PUMPING | | | | Well Status (Prod. or Shut-in) PROD | |
| Date of Test 4-16-05 | Hours tested 24 HRS | Choke Size | Prod'n For Test Period | Oil - Bbl. 54 | Gas - MCF 442 | Water - Bbl. 451 | Gas - Oil Ratio 8188 |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API -(Corr.) | |

| | |
|--|-------------------|
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD | Test Witnessed By |
|--|-------------------|

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 |
| TYPE OR PRINT NAME Denise Pinkerton | | DATE | 5/10/2005 |
| | | Telephone No. | 432-687-7375 |