

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| | |
|---------------------------|--|
| WELL API NO. | 30-025-03102 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lease | E-7653 |

| | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|-------------------------------|--|-------------------------|--|
| 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 _____ | | | | | 7. Lease Name or Unit Agreement Name STATE 'AN' COM | | | | | | | | | | |
| 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 HORIZONTAL | | | | | | | | | | | | | | | |
| 2. Name of Operator CHEVRON USA INC | | | | | 8. Well No. 2 | | | | | | | | | | |
| 3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705 | | | | | 9. Pool Name or Wildcat VACUUM ABO REEF | | | | | | | | | | |
| 4. Well Location BHL @ D-7-18S-35E 675'N 44889'E Unit Letter B : 330 Feet From The NORTH Line and 2100 Feet From The EAST Line Section 7 Township 18S Range 35E NMPM LEA COUNTY | | | | | | | | | | | | | | | |
| 10. Date Spudded 6/30/2006 | | 11. Date T.D. Reached 7/15/2006 | | 12. Date Compl. (Ready to Prod.) 7/27/2006 | | 13. Elevations (DF & RKB, RT, GR, etc.) 3973' | | 14. Elev. Csghead | | | | | | | |
| 15. Total Depth 11,064' | | 16. Plug Back T.D. 8803' | | 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 8200-11,064' ABO REEF | | | | | | | | 20. Was Directional Survey Made YES | | | | | | | |
| 21. Type Electric and Other Logs Run VERTILOG, CBL | | | | | | | | 22. Was Well Cored NO | | | | | | | |
| 23. 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" | | 8592' | | | |
| | | | | | | | | | | | | | | | |
| 26. Perforation record (interval, size, and number) 8061-11,064' OH BHL @ SECTION 7, 18-S, 35-E, 675' NORTH, & 391' WEST | | | | | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | | |
| | | | | | | | | | | DEPTH INTERVAL | | AMOUNT AND KIND MATERIAL USED | | | |
| | | | | | | | | | | 8200-11,064' | | ACIDIZE W/1380 BBLS 20% ACID | | | |
| | | | | | | | | | | | | & 238 BBLS WF110 | | | |
| | | | | | | | | | | | | | | | |
| 28. PRODUCTION | | | | | | | | | | | | | | | |
| Date First Production 8/21/2006 | | Production Method (Flowing, gas lift, pumping - size and type pump) PUMPING | | | | | | Well Status (Prod. or Shut-in) PROD | | | | | | | |
| Date of Test 8-21-06 | | Hours tested 24 HRS | | Choke Size | | Prod'n For Test Period | | Oil - Bbl. 143 | | Gas - MCF 181 | | Water - Bbl. 121 | | Gas - Oil Ratio 1268 | |
| 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 SURVEY | | | | | | | | | | | | | | | |
| 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 Denise Pinkerton | | | | | | | | | | TITLE Regulatory Specialist | | DATE 8/23/2006 | | | |
| TYPE OR PRINT NAME Denise Pinkerton | | | | | | | | | | | | Telephone No. 432-687-7375 | | | |