

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.              | 30-025-34329   |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lease  |  |

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG   |  |   |  |   |  |   |  |
| 1a. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> DHC #3707  |  |   |  |   |  | 7. Lease Name or Unit Agreement Name<br>JAYHAWK           |  |
| b. Type of Completion:<br>NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RES. <input type="checkbox"/> OTHER              |  |   |  |   |  |   |  |
| 2. Name of Operator<br>CHEVRON USA INC   |  |   |  |   |  | 8. Well No. 1   |  |
| 3. Address of Operator<br>15 SMITH RD, MIDLAND, TX 79705   |  |   |  |   |  | 9. Pool Name or Wildcat<br>SKGS GLOR/WEIR BLNBRY/MON TUBB |  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>330'</u> Feet From The <u>SOUTH</u> Line and <u>330'</u> Feet From The <u>WEST</u> Line<br>Section <u>35</u> Township <u>19S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY |  |   |  |   |  |   |  |
| 10. Date Spudded<br>10/30/2006   |  | 11. Date T.D. Reached   |  | 12. Date Compl. (Ready to Prod.)<br>11/3/2006   |  | 13. Elevations (DF & RKB, RT, GR, etc.)<br>3597'          |  |
| 15. Total Depth<br>8280'   |  | 16. Plug Back T.D.<br>6691'   |  | 17. If Mult. Compl. How Many Zones?             |  | 18. Intervals Drilled By<br>Rotary Tools<br>Cable Tools   |  |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>5344-5389' SKGS GLORIETA, 5773-5892' WEIR BLNB/6494-6682' MON TUBB  |  |   |  |   |  | 20. Was Directional Survey Made<br>NO                     |  |
| 21. Type Electric and Other Logs Run<br>N/A  |  |   |  |   |  | 22. Was Well Cored<br>NO                                  |  |
| 23. CASING RECORD (Report all Strings set in well)   |  |   |  |   |  |   |  |
| CASING SIZE  |  | WEIGHT LB./FT.  |  | DEPTH SET                                       |  | HOLE SIZE   |  |
|  |  |   |  |   |  | NO CHANGE   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| 24. LINER RECORD   |  |   |  |   |  |   |  |
| SIZE   |  | TOP   |  | BOTTOM  |  | SACKS CEMENT  |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| 26. Perforation record (interval, size, and number)<br>5344-5389'<br>5773-5892'<br>6494-6682'  |  |   |  | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |  |   |  |
|  |  |   |  | DEPTH INTERVAL                                  |  | AMOUNT AND KIND MATERIAL USED                             |  |
|  |  |   |  | 5892-5773'                                      |  | ACIDIZE W/1500 GALS 15% ACID                              |  |
|  |  |   |  |   |  | FRAC W/1515 BBLS YF125ST                                  |  |
|  |  |   |  | 5344-5389'                                      |  | ACIDIZE W/1500 GALS 15% ACID                              |  |
| 28. PRODUCTION   |  |   |  |   |  |   |  |
| Date First Production<br>12/4/2006   |  | Production Method (Flowing, gas lift, pumping - size and type pump)<br>SUB PUMP |  |   |  |   | Well Status (Prod. or Shut-in)<br>PROD |
| Date of Test<br>12-04-06   |  | Hours tested<br>24 hrs  |  | Choke Size                                      |  | Prod'n For Test Period                                    |  |
|  |  |   |  |   |  |   |  |
| Flow Tubing Press.   |  | Casing Pressure   |  | Calculated 24-Hour Rate                         |  | Oil - Bbl.  |  |
|  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.)<br>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 <i>Denise Pinkerton</i>  |  |   |  | TITLE Regulatory Specialist                     |  | DATE 1/5/2007   |  |
| TYPE OR PRINT NAME Denise Pinkerton  |  |   |  |   |  | Telephone No. 432-687-7375                                |  |