

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-105  
Revised 1-1-89

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.                                                                                        |
| 30-025-35918                                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. 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 type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                 |                                   | 7. Lease Name or Unit Agreement Name<br>Mills 19                                                                                                                                                               |                                                    |                                       |
| b. Type of Completion:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER <input type="checkbox"/> |                                   | 8. Well No.<br>1                                                                                                                                                                                               |                                                    |                                       |
| 2. Name of Operator<br>Pogo Producing Company                                                                                                                                                                                                   |                                   | 9. Pool name or Wildcat<br>East<br>Livingston Ridge Delaware                                                                                                                                                   |                                                    |                                       |
| 3. Address of Operator<br>P. O. Box 10340, Midland, TX 79702-7340                                                                                                                                                                               |                                   | 4. Well Location<br>Unit Letter <u>E</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line<br>Section <u>19</u> Township <u>22S</u> Range <u>32E</u> NMPM Lea County |                                                    |                                       |
| 10. Date Spudded<br>02/27/03                                                                                                                                                                                                                    | 11. Date T.D. Reached<br>03/15/03 | 12. Date Compl. (Ready to Prod.)<br>05/18/03                                                                                                                                                                   | 13. Elevations (DF& RKB, RT, GR, etc.)<br>3597     | 14. Elev. Casinghead<br>3598          |
| 15. Total Depth<br>8570                                                                                                                                                                                                                         | 16. Plug Back T.D.<br>8508        | 17. If Multiple Compl. How Many Zones?                                                                                                                                                                         | 18. Intervals Drilled By<br>Rotary Tools<br>0-8570 | Cable Tools                           |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>Delaware 6819 - 8354 (0A)                                                                                                                                                  |                                   |                                                                                                                                                                                                                |                                                    | 20. Was Directional Survey Made<br>No |
| 21. Type Electric and Other Logs Run<br>LDCN/GR, LL                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                |                                                    | 22. Was Well Cored<br>No              |

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|------------------|---------------|
| 13-3/8      | 48             | 845       | 17-1/2    | 990 sks          |               |
| 8-5/8       | 32             | 4420      | 11        | 1210 sks         |               |
| 5-1/2       | 15.5 & 17      | 8570      | 7-7/8     | 1610 sks         |               |
|             |                |           |           |                  |               |
|             |                |           |           |                  |               |

| 24. LINER RECORD |     |        |              |        | 25. TUBING RECORD |           |            |
|------------------|-----|--------|--------------|--------|-------------------|-----------|------------|
| SIZE             | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE              | DEPTH SET | PACKER SET |
|                  |     |        |              |        | 2-7/8             | 7817      |            |
|                  |     |        |              |        |                   |           |            |

|                                                                     |                                                 |                               |
|---------------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| 26. Perforation record (interval, size, and number)<br>See Attached | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |                               |
|                                                                     | DEPTH INTERVAL                                  | AMOUNT AND KIND MATERIAL USED |
|                                                                     |                                                 |                               |
|                                                                     |                                                 |                               |

|                                   |                        |                                                                             |                        |                   |                      |                                             |                                             |
|-----------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------|-------------------|----------------------|---------------------------------------------|---------------------------------------------|
| 28. PRODUCTION                    |                        |                                                                             |                        |                   |                      |                                             |                                             |
| Date First Production<br>05/18/03 |                        | Production Method (Flowing, gas lift, pumping - Size and type pump)<br>Pump |                        |                   |                      | Well Status (Prod. or Shut-in)<br>Producing |                                             |
| Date of Test<br>05/20/03          | Hours Tested<br>24     | Choke Size<br>---                                                           | Prod'n For Test Period | Oil - Bbl.<br>317 | Gas - MCF<br>193     | Water - Bbl.<br>1022                        | Oil Gravel - Gas - Oil Ratio<br>Hobbs 608:1 |
| Flow Tubing Press.<br>---         | Casing Pressure<br>--- | Calculated 24-Hour Rate                                                     | Oil - Bbl.<br>317      | Gas - MCF<br>193  | Water - Bbl.<br>1022 | Oil Gravel - API - (Cont.)<br>40.1          |                                             |

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

|                                                                 |
|-----------------------------------------------------------------|
| 30. List Attachments<br>Sundries, Logs, Deviation Survey, C-104 |
|-----------------------------------------------------------------|

31. 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 Cathy Tomberlin Printed Name Cathy Tomberlin Title Sr Oper Tech Date 06/04/03

# 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

## Northwestern New Mexico

|                          |                        |                             |                        |
|--------------------------|------------------------|-----------------------------|------------------------|
| T. Anhy _____            | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Salt _____            | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| B. Salt _____            | T. Atoka _____         | T. Pictured Cliffs _____    | T. Penn. "D" _____     |
| T. Yates _____           | T. Miss _____          | T. Cliff House _____        | T. Leadville _____     |
| T. 7 Rivers _____        | T. Devonian _____      | T. Menefee _____            | T. Madison _____       |
| T. Queen _____           | T. Silurian _____      | T. Point Lookout _____      | T. Elbert _____        |
| T. Grayburg _____        | T. Montoya _____       | T. Mancos _____             | T. McCracken _____     |
| T. San Andres _____      | T. Simpson _____       | T. Gallup _____             | T. Ignacio Otzte _____ |
| T. Glorieta _____        | T. McKee _____         | Base Greenhorn _____        | T. Granite _____       |
| T. Paddock _____         | T. Ellenburger _____   | T. Dakota _____             | T. _____               |
| T. Blinebry _____        | T. Gr. Wash _____      | T. Morrison _____           | T. _____               |
| T. Tubb _____            | T. Delaware Sand _____ | T. Todilto _____            | T. _____               |
| T. Drinkard _____        | T. Bone Springs _____  | T. Entrada _____            | T. _____               |
| T. Abo _____             | T. _____               | T. Wingate _____            | T. _____               |
| T. Wolfcamp _____        | T. _____               | T. Chinle _____             | T. _____               |
| T. Penn _____            | T. _____               | T. Permian _____            | T. _____               |
| T. Cisco (Bough C) _____ | T. _____               | T. Penn "A" _____           | 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       |
|------|----|----------------------|-----------------|
|      |    | 4289                 | Basal Anhydrite |
|      |    | 4576                 | Delaware Lime   |
|      |    | 5427                 | Cherry Canyon   |
|      |    | 6684                 | Brushy Canyon   |
|      |    | 8432                 | Bone Spring     |