

|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br>District I<br>1625 N French Dr., Hobbs, NM 88240<br>District II<br>1301 W Grand Avenue, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505 |                         | State of New Mexico<br>Energy, Minerals and Natural Resources<br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/>         Oil Conservation Division<br/>         1220 South St. Francis Dr.<br/>         Santa Fe, NM 87505<br/>         JUL 21 7ma<br/> <b>HOBBS 002</b> </div> |                                                                                                                                                                                                                                                        | Form C-105<br>Revised June 10, 2003                                    |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         | WELL API NO.                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | 30-025-20698                                                           |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         | 5. Indicate Type of Lease                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                        | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         | State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                        | VA-1845                                                                |                                     |
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 1a. Type of Well<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>RECOMPLETION</u>                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| b. Type of Completion:<br>NEW <input type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. <input type="checkbox"/> RESVR. <input type="checkbox"/>                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 2. Name of Operator<br>Yates Petroleum Corporation                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 3. Address of Operator<br>105 South Fourth Street, Artesia, NM 88210 (575) 748-1471                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | 7. Lease Name or Unit Agreement Name<br><br>Comet AUC State            |                                     |
| 4. Well Location<br>Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line<br>Section <u>23</u> Township <u>11S</u> Range <u>34E</u> NMPM <u>Lea</u> County                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | 8. Well No.<br><br>1                                                   |                                     |
| 10. Date Spudded<br>RC 6/01/08                                                                                                                                                                                                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | 9. Pool name or Wildcat<br>Undesignated Four Lakes; Atoka, North       |                                     |
| 11. Date T.D. Reached<br>2/20/00                                                                                                                                                                                                                                                                                           |                         | 12. Date Compl. (Ready to Prod.)<br>7/07/08                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        | 13. Elevations (DF& RKB, RT, GR, etc.)<br>4156' GR                     |                                     |
| 15. Total Depth<br>12,461'                                                                                                                                                                                                                                                                                                 |                         | 16. Plug Back T.D.<br>12,080'                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        | 14. Elev. Casinghead                                                   |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         | 17. If Multiple Compl. How Many Zones?                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        | 18. Intervals Drilled By<br>Rotary Tools<br>Pulling Unit<br>N/A        |                                     |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>11,952-12,054' Atoka                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | 20. Was Directional Survey Made<br>No                                  |                                     |
| 21. Type Electric and Other Logs Run<br>None for this completion                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | 22. Was Well Cored<br>No                                               |                                     |
| <b>23. CASING RECORD (Report all strings set in well)</b>                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| CASING SIZE                                                                                                                                                                                                                                                                                                                | WEIGHT LB /FT.          | DEPTH SET                                                                                                                                                                                                                                                                                                                        | HOLE SIZE                                                                                                                                                                                                                                              | CEMENTING RECORD                                                       | AMOUNT PULLED                       |
|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| REFER TO ORIGINAL COMPLETION                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| <b>24. LINER RECORD</b>                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| SIZE                                                                                                                                                                                                                                                                                                                       | TOP                     | BOTTOM                                                                                                                                                                                                                                                                                                                           | SACKS CEMENT                                                                                                                                                                                                                                           | SCREEN                                                                 |                                     |
|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| <b>25. TUBING RECORD</b>                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| SIZE                                                                                                                                                                                                                                                                                                                       | DEPTH SET               | PACKER SET                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 2-3/8"                                                                                                                                                                                                                                                                                                                     | 11891'                  |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 26. Perforation record (interval, size, and number)<br>12,095-12,101' (36)<br>11,952-55' (18), 11,994-98' (24), 12,009-16' (42)<br>12,048-54' (36)                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                  | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED<br>11,952-12,054'      Acidized w/2000 gal 7-1/2% Morrow acid & 140 balls<br>12,095-12,101'      Acidized w/600 gal 7-1/2% Morrow acid & 25 balls |                                                                        |                                     |
| <b>28. PRODUCTION</b>                                                                                                                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| Date First Production<br>7/08/08                                                                                                                                                                                                                                                                                           |                         | Production Method (Flowing, gas lift, pumping - Size and type pump)<br>Flowing                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        | Well Status (Prod. or Shut-in)<br>Producing                            |                                     |
| Date of Test<br>7/10/08                                                                                                                                                                                                                                                                                                    | Hours Tested<br>24      | Choke Size<br>12/64"                                                                                                                                                                                                                                                                                                             | Prod'n For Test Period                                                                                                                                                                                                                                 | Oil - Bbl<br>0                                                         | Gas - MCF<br>115                    |
|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | Water - Bbl.<br>0                                                      | Gas - Oil Ratio<br>NA               |
| Flow Tubing Press.<br>200#                                                                                                                                                                                                                                                                                                 | Casing Pressure<br>100# | Calculated 24-Hour Rate                                                                                                                                                                                                                                                                                                          | Oil - Bbl.<br>0                                                                                                                                                                                                                                        | Gas - MCF<br>115                                                       | Water - Bbl.<br>0                   |
|                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        | Oil Gravity - API - (Corr.)<br>NA                                      |                                     |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.)<br>Sold                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        | Test Witnessed By<br>Martel Ramirez |
| 30. List Attachments<br>None                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| 31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief                                                                                                                                                                                     |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |
| Signature: <u>Allison Barton</u>                                                                                                                                                                                                                                                                                           |                         | Printed Name: Allison Barton                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | Title: Regulatory Compliance Technician Date: 7/16/08                  |                                     |
| E-mail Address: abarton@ypcnm.com                                                                                                                                                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |                                                                        |                                     |

2A Eight Mile Draw Mississippian (GAS) KZ

## 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 reopened 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 also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in triplicate 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

|                           |                               |
|---------------------------|-------------------------------|
| Anhy _____                | T. Canyon _____               |
| Salt _____                | T. Strawn _____               |
| Salt _____                | T. Atoka _____ 11,534'        |
| Yates _____ 2790'         | T. Miss (Upper) _____ 12,140' |
| 7 Rivers _____            | T. Devonian _____             |
| Queen _____               | T. Silurian _____             |
| Grayburg _____            | T. Montoya _____              |
| San Andres _____ 4092'    | T. Simpson _____              |
| Glorieta _____            | T. McKee _____                |
| Paddock _____             | T. Ellenburger _____          |
| Blinebry _____            | T. Gr. Wash _____             |
| Tubb _____                | T. Delaware Sand _____        |
| Drinkard _____            | T. Bone Springs _____         |
| Abo _____ 7782'           | T. Yeso _____                 |
| Wolfcamp _____            | T. Ordovician _____           |
| Penn Clastics _____       | Miss (Lower) _____ 12,318'    |
| Cisco _____ Bough C 9982' |                               |

|                      |                  |
|----------------------|------------------|
| T Ojo Alamo          | T Penn. "B"      |
| T Kirtland-Fruitland | T Penn. "C"      |
| T. Pictured Cliffs   | T Penn. "D"      |
| T. Cliff House       | T Leadville      |
| T. Menefee           | T. Madison       |
| T. Point Lookout     | T. Elbert        |
| T. Mancos            | T. McCracken     |
| T. Gallup            | T. Ignacio Otzte |
| Base Greenhorn       | T. Granite       |
| T Dakota             | T                |
| T Morrison           | T.               |
| T. Todilto           | T                |
| T. Entrada           | T.               |
| T. Wingate           | T.               |
| T Chinle             | T.               |
| T. Permian           | T.               |
| T. Penn "A"          | T                |

OIL OR GAS SANDS  
OR ZONES

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 |
|------|----|----------------------|-----------|
|      |    |                      |           |