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| Submit To: Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505 | | RECEIVED DEC 18 2008 HOBBSOCD | | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | Form C-105 July 17, 2008 | | | | |
| 1. WELL API NO. 30-025-30047 | | | | | | 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | | | | |
| 3. State Oil & Gas Lease No | | | | | | 5. Lease Name or Unit Agreement Name H T MATTERN NCT-B | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19 15 17 13 K NMAC) | | | | | | 6. Well Number 25 | | | | |
| | | | | | | | | | | |
| 7. Type of Completion <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input checked="" type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | | | | | | |
| 8. Name of Operator CHEVRON U.S.A. INC | | | | | | 9. OGRID 4323 | | | | |
| 10. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705 | | | | | | 11. Pool name or Wildcat BLINEBRY OIL AND GAS | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
| Surface: | G | 31 | 21-S | 37-E | | 1400 | NORTH | 2600 | EAST | LEA |
| BH: | | | | | | | | | | |
| 13. Date Spudded 10-31-08 | 14. Date T.D. Reached | | 15. Date Rig Released 11-24-08 | | 16. Date Completed (Ready to Produce) 11-04-08 | | 17. Elevations (DF and RKB, RT, GR, etc.) 3490' GL | | | |
| 18. Total Measured Depth of Well 6830' | | | 19. Plug Back Measured Depth 6465' | | 20. Was Directional Survey Made? NO | | 21. Type Electric and Other Logs Run CBL/ PRISM | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 5488-6028' BLINEBRY | | | | | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | |
| CASING SIZE | | WEIGHT LB /FT | | DEPTH SET | | HOLE SIZE | | CEMENTING 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" | 6279' | | | |
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| | | | | | | | | | | |
| 26. Perforation record (interval, size, and number) 5488-92, 5502-08, 5514-24, 550-60, 5563-73, 5582-90, 5593-5603, 5612-22, 5634-44, 5648-58, 5662-68, 5720-24, 5858-62, 5886-92, 6022-28 | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| | | | | | | DEPTH INTERVAL | | AMOUNT AND KIND MATERIAL USED | | |
| | | | | | | 5488-6028 | | ACIDIZE W/3000 GALS 15% HCL | | |
| | | | | | | | | FRAC W/88,000 GALS YF130 | | |
| 28. PRODUCTION | | | | | | | | | | |
| Date First Production | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) | | | | Well Status (<i>Prod or Shut-in</i>) | | | | |
| 12-15-08 | | PUMPING | | | | PROD | | | | |
| Date of Test | Hours Tested | Choke Size | Prod'n For Test Period | Oil - Bbl | Gas - MCF | Water - Bbl | Gas - Oil Ratio | | | |
| 12-15-08 | 24 HRS | | | 47 | 321 | 57 | 6800 | | | |
| Flow Tubing Press | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl | Gas - MCF | Water - Bbl | Oil Gravity - API - (Corr) | | | | |
| | | | | | | | | | | |
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) | | | | | | | 30. Test Witnessed By | | | |
| SOLD | | | | | | | | | | |
| 31. List Attachments | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit | | | | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial | | | | | | | | | | |
| Latitude _____ Longitude _____ NAD 1927 1983 | | | | | | | | | | |
| 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 <i>Denise Pinkerton</i> | | | Printed Name DENISE PINKERTON Title REGULATORY SPECIALIST Date 12-17-08 | | | | | | | |
| E-mail Address leakejd@chevron.com | | | | | | | | | | |