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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 | | 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. 30-025-34105 | | | 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 F B DAVIS ✓ | | | |
| | | 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 6 | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | |
| 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 NSL-3866-B | | 8. Name of Operator CHEVRON U S A INC ✓ | | | | | | |
| 10. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705 | | 9. OGRID 4323 ✓ | | | | | | |
| 12. Location | | Unit Ltr | | Section | | Township | | |
| Surface: | | B | | 8 | | 23-S | | |
| Range | | 37-E | | Lot | | Feet from the | | |
| N/S Line | | Feet from the | | E/W Line | | County | | |
| NORTH | | 1350 | | EAST | | LEA ✓ | | |
| BH: | | | | | | | | |
| 13. Date Spudded 10-30-08 | | 14. Date T.D. Reached | | 15. Date Rig Released 11-25-08 | | 16. Date Completed (Ready to Produce) 11-05-08 | | |
| 17. Elevations (DF and RKB, RT, GR, etc.) 3313' GL | | 18. Total Measured Depth of Well 6000' | | 19. Plug Back Measured Depth 5000' | | 20. Was Directional Survey Made? NO | | |
| 21. Type Electric and Other Logs Run GR/CBL/CCL | | 22. Producing Interval(s), of this completion - Top, Bottom, Name 3715-3916' GRAYBURG | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT | | DEPTH SET | | HOLE SIZE | | |
| NO CHANGE | | | | | | CEMENTING RECORD | | |
| | | | | | | AMOUNT PULLED | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 24. LINER RECORD | | | | 25. TUBING RECORD | | | | |
| SIZE | | TOP | | BOTTOM | | SACKS CEMENT | | |
| SCREEN | | SIZE | | DEPTH SET | | PACKER SET | | |
| | | 2 7/8" | | 3635' | | | | |
| | | | | | | | | |
| 26. Perforation record (interval, size, and number) 3852-54, 3866-68, 3874-82, 3906-16, 3793-97, 3820-30, 3836-44, 3715-21, 3726-34, 3738-48 | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| DEPTH INTERVAL | | | | AMOUNT AND KIND MATERIAL USED | | | | |
| 3793-3916 | | | | ACIDIZE W/627 GALS 15% HCL | | | | |
| 3715-3868 | | | | ACIDIZE W/1413 GALS 15 HCL | | | | |
| 3715-3816 | | | | FRAC W/87,463 GALS YF125ST | | | | |
| 28. PRODUCTION | | | | | | | | |
| Date First Production 11-26-08 | | Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING | | | | Well Status (Prod or Shut-in) PROD | | |
| Date of Test 12-05-08 | | Hours Tested 24 HRS | | Choke Size | | Prod'n For Test Period | | |
| Flow Tubing Press | | Casing Pressure | | Calculated 24-Hour Rate | | Oil - Bbl 150 | | |
| | | | | | | Gas - MCF 105 | | |
| | | | | | | Water - Bbl 1874 | | |
| | | | | | | Gas - Oil Ratio 700 | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD | | 30. Test Witnessed By | | | | | | |
| 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 12-15-08 | | |
| E-mail Address leakejd@chevron.com | | | | | | | | |