

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		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505				<b>Form C-105</b> July 17, 2008				
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black; color: white; font-size: 2em; font-weight: bold; text-align: center; line-height: 1;">             RECEIVED              JUL 07 2009              HOBBSDOCD           </div> </div>										
		1. WELL API NO.		30-025-24565						
		2. Type of Lease		<input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN						
		3. State Oil & Gas Lease No.								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing:				5. Lease Name or Unit Agreement Name						
<input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)				Cossatot K						
<input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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.						
				1						
7. Type of Completion:										
<input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input checked="" type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator				9. OGRID						
John H. Hendrix Corporation				012024						
10. Address of Operator				11. Pool name or Wildcat						
P. O. Box 3040, Midland, TX 79702-3040				Brunson Drinkard Abo, South - 7900						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	D	7	22S	38E		990	N	330	W	Lea
BH:										
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)		3341' GL		
				05/01/09						
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run				
7650'										
22. Producing Interval(s), of this completion - Top, Bottom, Name										
6384-7229' Brunson Drinkard ABO, South										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB /FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
NC										
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		25. TUBING RECORD				
						SIZE	DEPTH SET	PACKER SET		
						2 3/8"	7211'			
26. Perforation record (interval, size, and number)										
6384', 6393', 6405', 6414', 6432', 6442', 6450', 6460', 6471', 6476', 6496', 6516', 6547', 6582', 6597', 6640', 6762', 6795', 6802', 6867', 6901', 6915', 6934', 6943', 6954', 6969', 6992', 6997', 7022', 7034', 7072', 7095', 7115', 7122', 7138', 7153', 7207', 7229'. 1 - 1/2" JHPF and 38 total holes.										
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.										
DEPTH INTERVAL						AMOUNT AND KIND MATERIAL USED				
6384-7229'						2500 gal acid				
28. PRODUCTION										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)				
05/01/09		Pumping 2" x 1 1/4" x 16'				Prod				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period 24 hr	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
05/06/09	24			3	7	4				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.)							30. Test Witnessed By			
sold							Warren Hughes			
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>Carolyn Doran Haynes</i>			Printed Name Carolyn Doran Haynes			Title Engineer			Date 07/07/09	
E-mail Address cdoranhaynes@jhhc.org										

KZ