| | | | r. | | | 11 | | • | | | | | | | | | | | | |
|---|--|----------------------|-------------|-----------------------------|------------------------------------|--------------|---------------------------------------|--|--|-----------------------------|-------------------|----------------------|-----------------------------|--|--|------------------------------|----------------------|-----------------------------------|--|--|
| Submit To Appropriate District Office Two Copies | | | | | State of New Mexico | | | | | | | | Form C-105 | | | | | | | |
| District 1 1625 N. French Dr., Hobbs, NM 88240 OCT 2 7 Energy | | | | | | | nergy, Minerals and Natural Resources | | | | | | | July 17, 2008 | | | | | | |
| District II District III District III District III District III | | | | | | | | | | | | | 1. WELL 30-025-25 | | NO. | | | | | |
| District III | | | | | | | | | | | | | | ease | | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. | | | | | | | | | | | | | | STATE ☑ FEE ☐ FED/INDIAN 3. State Oil & Gas Lease No. | | | | | | |
| | 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 | | | | | | | | | | | | | | | | San Marie Care Comp | The control of the latest and the | | |
| 4. Reason for fil | WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | | | | 5. Lease Name or Unit Agreement Name | | | | | |
| | Ū | _ | | | | | | | | | | | Cossatot L | | | | | | | |
| ⊠ COMPLET | ION REI | PORT (| (Fill in bo | oxes # | 1 throu | gh #31 | for State and Fe | e wells | s only) | | | | 6. Well Number: | | | | | | | |
| #33; attach this a | | | | | | | | | | | | | | | | - | | | | |
| 7. Type of Completion: ☐ NEW WELL ☐ WORKOVER ☐ DEEPENING ☐ PLUGBACK ☒ DIFFERENT RESERVOIR ☒ OTHER DHC – HOB - 0372 | | | | | | | | | | | | | | | | | | | | |
| Name of Operation | ator | | | <u>``</u> | <u> </u> | 211110 | Пессынс | . KN | DITTE | JI CLI | TREBER | VOII | 9. OGRID | | | | | | | |
| | ohn H. Hendrix Corporation 0. Address of Operator | | | | | | | | | | | | | | 012024 11. Pool name or Wildcat | | | | | |
| | P. O. Box 3040, Midland, TX 79702-3040 | | | | | | | | | | | | | | | | | | | |
| 12.Location | Unit Ltr | | Section | | Township | | Range | Lot | Lot | | Feet from the | | Granite Wash (6 N/S Line | | Feet from the | | Line | County | | |
| Surface: | N | 11 | | | 22S | | 37E | | | | 470 | | S | | 2350 | | | Lea | | |
| ВН: | | | | | <u> </u> | | | | | | | | | | | | | | | |
| 13. Date Spudde | d 14. D | ate T.D |). Reache | ed | 15. I | Date Rig | Released | Released | | 16. Date Completed 09/14/10 | | I (Ready to Produce) | | | 17. Elevations (DF and I RT, GR, etc.) 3351' GL | | | | | |
| 18. Total Measured Depth of Well 7321' | | | | | 19. Plug Back Measured Do 7283" | | | | | 20. |). Was Directiona | | l Survey Made | ? | | Type Electric and Other Logs | | | | |
| 22. Producing Int | | | | on - T | op, Bot | tom, Na | ame | | | | 7 | | T | | l | | | | | |
| 23. | | | | | | CAS | ING REC | ORI | D (R | enc | ort all st | ring | gs set in w | rell) | | | | | | |
| CASING SI | ZE | W | EIGHT | LB./F | | | DEPTH SET | | | | LE SIZE | | CEMENTIN | | CORD | · A | MOUNT | PULLED | | |
| NC | | | | | | | | | | | | | | - | | | | | | |
| NC | - | | | | | | | _ | | | | | | | | | | | | |
| · · · · · · | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 24. SIZE TOP | | | | DOT | TOM | LIN | ER RECORD | Loca | CODEEN C | | | | | JBING RECO | | | | | | |
| SIZE | | | BOT | TOM | | SACKS CEMENT | | SCREEN | | | SIZ | ZE 3/8" | - | 7263' | | PACKER SET | | | | |
| | | | | | | | | | | | | | | | 203 | | | | | |
| 26. Perforation | | | , size, and | d num | iber) | | | | | | | | ACTURE, CI | | | | | | | |
| 7166-7302' (| | | | | DEPTH INTERVAL 6617-7111' (Abo) | | | | AMOUNT AND KIND MATERIAL USED | | | | | | | | | | | |
| | | | | | | | | 66-7302° | <u>) </u> | 2000 gal acid 15% nefe HCl | | | | | | | | | | |
| | | | | | | | | | - | | Wash) | | | | | | | | | |
| 28. | | | | | | | | PRO | DDU | JC7 | TION | | • | | | | | | | |
| Date First Produc | tion | | Pro | ductio | on Metl | od (Fle | owing, gas lift, p | umpin | g - Size | e ana | type pump |) | Well Statu | s (Pro | d. or Shut | -in) | | | | |
| 09/15/10 | | oing 2" x 1 ¼" x 16' | | | | | | | | Prod | | | | | | | | | | |
| Date of Test 10/21/10 | Hours | Hours Tested 24 | | Choke Size | | | Prod'n For Test Period 24 | 1 hr | Oil - l or 3 bbls | | | | s - MCF ncf of 12 total | | Water - Bbl. 1 bbls of 5 to | | Gas - 0 | Oil Ratio | | |
| Flow Tubing Press. | Casin | Casing Pressure | | Calculated 24- Hour Rate | | 24- | Oil - Bbl. | | Gas | | - MCF | | Water - Bbl. | | Oil Gravit | | vity - API - (Corr.) | | | |
| | of Gas (Sold, used for fuel, v | | | | | | | | | | | | | | 30. Test Witnessed By | | | | | |
| sold 31. List Attachments | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 32. If a temporary | | | | | | | | - | | it. | | | | | | | | | | |
| 33. If an on-site b | urial was | used at | the well | i, repo | ort the e | xact loc | | site bui | rial: | - | | | | ,, | | | | | | |
| | 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 | Printed | | | | | | | | | | | | | 25/10 | | | | | | |
| | | | , | | ~~6 | | | | 1 | | | | | | | | | | | |