

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						<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; right: 0; background: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.5em;">JAN 18 2011</div> <div style="position: absolute; bottom: 0; left: 0; right: 0; background: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">HOBBS</div> </div>						Form C-105 July 17, 2008					
State of New Mexico Energy, Minerals and Natural Resources Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505						1. WELL API NO. 30-025-29092											
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)						2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN											
						3. State Oil & Gas Lease No.											
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						5. Lease Name or Unit Agreement Name W.A. RAMSEY NCT-B											
						6. Well Number: <div style="text-align: center; font-size: 1.2em;">8</div>											
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 PADDOCK											
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County							
Surface:	A	25	21-S	36-E		905	NORTH	990	EAST	LEA							
BH:																	
13. Date Spudded 11-15-10		14. Date T.D. Reached		15. Date Rig Released 11-23-10		16. Date Completed (Ready to Produce) 11-19-10		17. Elevations (DF and RKB, RT, GR, etc.) 3515 GL									
18. Total Measured Depth of Well 6850'				19. Plug Back Measured Depth 5407''		20. Was Directional Survey Made? NO		21. Type Electric and Other Logs Run N/A									
22. Producing Interval(s), of this completion - Top, Bottom, Name 5180-5193' PADDOCK																	
23. CASING RECORD (Report all strings set in well)																	
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED							
NO CHANGE																	
24. LINER RECORD						25. TUBING RECORD											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		SIZE	DEPTH SET		PACKER SET								
						2 7/8"	5143'										
5180-5193'						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.											
						DEPTH INTERVAL			AMOUNT AND KIND MATERIAL USED								
						5180-5193'			ACIDIZED W/1500 GALS 15% HCL								
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>)										
12-18-10			PUMPING				PROD										
Date of Test	Hours Tested	Choke Size	Prod'n For	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio										
12-18-10	24 HRS		Test Period	1	10	34	10,000										
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)											
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			Printed Name DENISE PINKERTON Title REGULATORY SPECIALIST Date 01-12-2011														
E-mail Address <u>leakejd@chevron.com</u>																	

FEB 08 2011