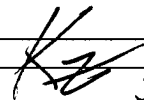


| | | | | | | | | | | |
|---|-----------------------------------|---|---|---|---|---|--|-------------------------------|------------|---------------|
| Submit To Appropriate District Office Two Copies, District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | HOBBS OCD State of New Mexico Energy, Minerals and Natural Resources MAY 23 2011 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 RECEIVED | | Form C-105 July 17, 2008 | | | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | |
| 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) | | | | 5. Lease Name or Unit Agreement Name NORTH VACUUM ABO WEST UNIT 6. Well Number: 13 | | | | | | |
| 7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER HORIZONTAL COMPLETION | | | | | | | | | | |
| 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 VACUUM; ABO, NORTH | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
| Surface: | D | 28 | 17-S | 34-E | | 660 | NORTH | 660 | ERST | LEA |
| BH: | H N | 21 | 17-S | 34-E | | 2041 721 | NORTH S | 647 1967 | EAST W | LEA |
| 13. Date Spudded 02-04-11 | 14. Date T.D. Reached 02-23-11 | | 15. Date Rig Released 04-06-11 | | 16. Date Completed (Ready to Produce) 03-11-11 | | 17. Elevations (DF and RKB, RT, GR, etc) | | | |
| 18. Total Measured Depth of Well 10,650' | | 19. Plug Back Measured Depth 8605' | | 20. Was Directional Survey Made? YES | | 21. Type Electric and Other Logs Run N/A | | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 8592-10650' ABO (HORIZONTAL PRODUCING AREA) | | | | | | | | | | |
| 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" | 8910' | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 8592-8598' | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| | | | | | | DEPTH INTERVAL | | AMOUNT AND KIND MATERIAL USED | | |
| | | | | | | 8592-8598' | | FRAC W/126,639 GALS 20% ACID | | |
| | | | | | | | | AND 80,665 GALS WF130 AND | | |
| | | | | | | 3767 GALS WF115 | | | | |
| 28. PRODUCTION | | | | | | | | | | |
| Date First Production 04-29-11 | | Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING | | | | Well Status (Prod. or Shut-in) PROD | | | | |
| Date of Test 04-29-11 | Hours Tested 24 HRS | Choke Size | Prod'n For Test Period | Oil - Bbl 11 | Gas - MCF 57 | Water - Bbl. 495 | Gas - Oil Ratio 5182 | | | |
| 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.) SOLD | | | | | | 30. Test Witnessed By | | | | |
| 31. List Attachments SURVEY | | | | | | | | | | |
| 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 05-18-2011 | | | | | | | |
| E-mail Address leakejd@chevron.com | | | | | | | | | | |


 JUN 06 2011