

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-105  
Revised 1-1-7

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-005-21136</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

|                                                                                                                                                                                                                              |                                          |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER _____                                                                                 |                                          | 7. Lease Name or Unit Agreement Name<br><br><b>STATE 28</b> |
| b. Type of Completion:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER _____ |                                          |                                                             |
| 2. Name of Operator<br><b>APACHE CORPORATION</b>                                                                                                                                                                             |                                          | 8. Well No.<br><b>ONE</b>                                   |
| 3. Address of Operator<br><b>2000 POST OAK BLVD., SUITE 100, HOUSTON, TX. 77056-4400</b>                                                                                                                                     |                                          | 9. Pool name or Wildcat<br><b>FUSSELLMAN</b>                |
| 4. Well Location<br>Unit Letter <b>P</b> : <b>330</b> Feet From The <b>SOUTH</b> Line and <b>330</b> Feet From The <b>EAST</b> Line<br>Section <b>28</b> Township <b>8s</b> Range <b>32e</b> NMPM <b>CHAVES</b> County       |                                          |                                                             |
| 10. Date Spudded<br><b>04-18-95</b>                                                                                                                                                                                          | 11. Date T.D. Reached<br><b>06-02-95</b> | 12. Date Compl. (Ready to Prod.)<br><b>n/a dry</b>          |
| 13. Elevations (DF & RKB, RT, GR, etc.)<br><b>4,356' GR</b>                                                                                                                                                                  |                                          | 14. Elev. Casinghead<br><b>4,364'</b>                       |
| 15. Total Depth<br><b>11,166'</b>                                                                                                                                                                                            | 16. Plug Back T.D.<br><b>n/a P&amp;A</b> | 17. If Multiple Compl. How Many Zones?<br><b>n/a</b>        |
| 18. Intervals Drilled By<br><b>NORTON 15</b>                                                                                                                                                                                 |                                          | 19. Rotary Tools<br><b>n/a</b>                              |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br><b>n/a dry</b>                                                                                                                                          |                                          | 20. Was Directional Survey Made<br><b>yes, deviation</b>    |
| 21. Type Electric and Other Logs Run<br><b>DUAL LATERLOG, DENSITY-NEUTRON, DRILL STEM TEST</b>                                                                                                                               |                                          | 22. Was Well Cored<br><b>YES, ROTARY CORES</b>              |

**23. CASING RECORD (Report all strings set in well)**

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD   | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|--------------------|---------------|
| 13 3/8"     | 48.0#/ft.      | 430'      | 17 1/2"   | 415sks "C" WESTERN | -0-           |
| 8 5/8"      | 32.0#/ft.      | 3,540'    | 11"       | 1,000sks POZ "C"   | -0-           |
|             |                |           |           |                    |               |
|             |                |           |           |                    |               |
|             |                |           |           |                    |               |

| 24. LINER RECORD |     |        |              |        | 25. TUBING RECORD |           |            |
|------------------|-----|--------|--------------|--------|-------------------|-----------|------------|
| SIZE             | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE              | DEPTH SET | PACKER SET |
| n/a              | n/a | n/a    | n/a          | n/a    | n/a               | n/a       | n/a        |
|                  |     |        |              |        |                   |           |            |
|                  |     |        |              |        |                   |           |            |

|                                                                       |                                                 |                               |
|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| 26. Perforation record (interval, size, and number)<br><b>n/a dry</b> | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |                               |
|                                                                       | DEPTH INTERVAL                                  | AMOUNT AND KIND MATERIAL USED |
|                                                                       | n/a                                             | n/a                           |
|                                                                       |                                                 |                               |

**28. PRODUCTION**

|                                     |                               |                                                                                   |                                      |                          |                            |                                                      |                               |
|-------------------------------------|-------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|--------------------------|----------------------------|------------------------------------------------------|-------------------------------|
| Date First Production<br><b>n/a</b> |                               | Production Method (Flowing, gas lift, pumping - Size and type pump)<br><b>n/a</b> |                                      |                          |                            | Well Status (Prod. or Shut-in)<br><b>P&amp;A DRY</b> |                               |
| Date of Test<br><b>n/a</b>          | Hours Tested<br><b>n/a</b>    | Choke Size<br><b>n/a</b>                                                          | Prod'n For Test Period<br><b>n/a</b> | Oil - Bbl.<br><b>n/a</b> | Gas - MCF<br><b>n/a</b>    | Water - Bbl.<br><b>n/a</b>                           | Gas - Oil Ratio<br><b>n/a</b> |
| Flow Tubing Press.<br><b>n/a</b>    | Casing Pressure<br><b>n/a</b> | Calculated 24-Hour Rate<br><b>n/a</b>                                             | Oil - Bbl.<br><b>n/a</b>             | Gas - MCF<br><b>n/a</b>  | Water - Bbl.<br><b>n/a</b> | Oil Gravity - API - (Corr.)<br><b>n/a</b>            |                               |

29. Disposition of Gas (Sold, used for fuel, vented, etc.)  
**n/a dry**

Test Witnessed By  
**DST JOHN POLASEK, GEOLOGI**

30. List Attachments  
**DRILL STEM TEST GRAPH, DUAL LATERLOG, DENSITY-NEUTRON LOG**

31. 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 *Douglas H. Adams* Printed Name **DOUGLAS H. ADAMS** Title **DRLG. ENG. TECH.** Date **06-19-95**

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

## Southeastern New Mexico

## Northwestern New Mexico

|                          |                        |                             |                        |
|--------------------------|------------------------|-----------------------------|------------------------|
| T. Anhy _____            | T. Canyon _____        | T. Ojo Alamo _____          | T. Penn. "B" _____     |
| T. Salt _____            | T. Strawn _____        | T. Kirtland-Fruitland _____ | T. Penn. "C" _____     |
| B. Salt _____            | T. Atoka _____         | T. Pictured Cliffs _____    | T. Penn. "D" _____     |
| T. Yates _____           | T. Miss _____          | T. Cliff House _____        | T. Leadville _____     |
| T. 7 Rivers _____        | T. Devonian _____      | T. Menefee _____            | T. Madison _____       |
| T. Queen _____           | T. Silurian _____      | T. Point Lookout _____      | T. Elbert _____        |
| T. Grayburg _____        | T. Montoya _____       | T. Mancos _____             | T. McCracken _____     |
| T. San Andres _____      | T. Simpson _____       | T. Gallup _____             | T. Ignacio Otzte _____ |
| T. Glorietta _____       | T. McKee _____         | Base Greenhorn _____        | T. Granite _____       |
| T. Paddock _____         | T. Ellenburger _____   | T. Dakota _____             | T. _____               |
| T. Blinebry _____        | T. Gr. Wash _____      | T. Morrison _____           | T. _____               |
| T. Tubb _____            | T. Delaware Sand _____ | T. Todilto _____            | T. _____               |
| T. Drinkard _____        | T. Bone Springs _____  | T. Entrada _____            | T. _____               |
| T. Abo _____             | T. _____               | T. Wingate _____            | T. _____               |
| T. Wolfcamp _____        | T. _____               | T. Chinle _____             | T. _____               |
| T. Penn _____            | T. _____               | T. Permain _____            | T. _____               |
| T. Cisco (Bough C) _____ | T. _____               | T. Penn "A" _____           | T. _____               |

## OIL OR GAS SANDS OR ZONES

No. 1, from ..... to .....  
No. 2, from ..... to .....  
No. 3, from ..... to .....  
No. 4, from ..... to .....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness<br>in Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>in Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

RECEIVED  
OFFICE

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|                             |                        |
|-----------------------------|------------------------|
| Company: APACHE CORPORATION | Well Name: STATE 28 #1 |
| Location: 528/TBS/R32E      | Formation: DEVONIAN    |
| Gauge Serial No: 01119      | Range (psia): 10000    |
| Gauge Depth (ft, CF): 11119 |                        |
| Test Start (09:00 02/06/95) |                        |

