UNITED STATES SUBMIT IN DUPLICATE. DEPARTMENT OF THE INTERIOR

Form approved. Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

Budget Bureau No. 42-R355.5.

LEASE DESIGNATION AND SERIAL NO.

| G | EOLOGICAL SURVEY | LC-058395 |
|---|---|---|
| WELL COMPLETION (| OR RECOMPLETION REPORT AND LOG | * 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1a. TYPE OF WELL: OH, WELL | GAS [] | |
| b. TYPE OF COMPLETION: | WELL . DRY . Other . | 7. UNIT AGREEMENT NAME |
| NEW WORK DEEP- | | MCH |
| 2. NAME OF OPERATOR | DACK . RESVR. Other | S. FARM OR LEASE NAME |
| Contenenta | el sil Co. | MCA Unit File |
| 3. ADDRESS OF OPERATOR | 1/ 11 | |
| 130X 460 | Hobbe n. mexico | 10. FIELD AND POOL, OR WILDCAT |
| 4. LOCATION OF WELL (Report location At surface | clearly and in accordance with any State requirements). | mili C-SA Romers |
| 1225 FS1 am | d 2615 FEL of See 22 | 11. M.C., T., E., M., OR BLOCK AND SURVEY |
| | L'OF SEEZ | OR AREA |
| At total depth | | (00222 T. 120 0 20 2 |
| Some | 14 PERMIT NO. DATE INSUED | Sec22, T-175, R-32E |
| | Date Isace | 12. COUNTY OR 13. MATE |
| 5. DATE SPUDDED 16. DATE T.D. REAC | CHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF.) | KA HINKYOO |
| 11-14-12 | 12-1-72 | RKB, RT, GR, ETC.) 19. ELEV. CASINGHEAD |
| | BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., 23. INTERV. | |
| 4200' | 4/10 L MILL MILLS | D BY |
| 4. PRODUCING INTERVAL(S), OF THIS CO. | MPLETION TOP, BOTT IM, NAME (MD AND TVD) | 25. WAS DIRECTIONAL |
| • | Bottom - 3947 Gragging | SURVEY MADE |
| 6. TYPE ELECTRIC AND OTHER LOGS RUN | Bottom - 3947 / 1205499 | Son France no |
| C1/6 |) . 1 1 - 0 | 27. WAS WELL CORED |
| 3. S /V Y | CASING PUCOPD (Person all) | |
| CASING SIZE WEIGHT, LB./FT. | CASING RECORD (Report all strings set in well) DEPTH SET (MD) JOLE SIZE CEMENT | TING RECORD |
| 8>8" 20# | | A SOUCH PULLED |
| ch." 14# | | 25 50c/s 75 50c/s |
| | | 13 30000 |
|). | | |
| 121.0 | VER RECORD 30. | TUBING RECORD |
| SIZE TOP (MD) BO | TTOM (MD) SACKS CEMENT SCREEN (MD) . SIZE | DEPTH SET (MI) PACKER SET (MB) |
| /V | 14 | 3759 1117 |
| . PERFORATION RECORD (Interval, size a | and number) 32. ACID, SHOT, FR | i |
| 3/3947/3944/394 | 21, 3850, 3846, DEPTH INTERVAL (MD) | RACTURE, CEMENT SQUEEZE, ETC. |
| -170-100-1- | 39U/-3634 U | AMOUNT AND KIND OF MATERIAL USED |
| 2,3820,3817,3 | 808,3804 3004-305011 | 500 gala 1590 MCL-Utac |
| , , , , , , | 38041-38507 | 20000 gala CEC & W.T. |
| • | | and wood of a sello |
| | PRODUCTION | 2000 1 2000 |
| 12-1-72- | ON METHOD (Flowing gas lift, pumping—size and type of pump) | WELL STATUS (Producing or sput in) |
| TE OF TEST HOURS TESTED | CHOKE SIZE PROO'N. FOR OIF—BBL. GAS—MOR | fruiting |
| 12-5-72 24 | TEST PERIOD GAS-MCF. | WATER BBL. GAS-OIL RATIO |
| W. TUBING PRESS. CASING PRESSURE | CALCULATED OIL BBL. GAS-MCF | - 60 |
| | 24-HOUR RATE | OH. GRAVITY-API (CORR.) |
| DISPOSITION OF GAS (Sold, used for fuel, | , vented, etc.) | TEST WITNESSED BY |
| Sola | | Mr. J.R. COOK |
| LIST OF ATTACHMENTS | | 11111-11100 |
| I hereby certify that the said | | |
| that the loyegoing an | d attached information is complete and correct as determined from | om all available records |
| SIGNED Churt Sauce | | • |
| SIGNED | TITLE CLASSICAL STEELS | |

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to be all area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formational that the first and directions are supported by applicable Federal and/or State laws and regulations. All attachments the state for the state formation is a support to the state formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

Hem 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Hems 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Nacks Coment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.) or Federal office for specific instructions.

| | | | | FORMATION | 37. SUMMARY OF POROUS ZONES: |
|-------------|-------------|---------|---------|-----------------------------|---|
| | | | | TOP | ZONES: |
| | | | | ROTTOM | COSTTY AND CONTENT |
| | | | | DESCRIPTION, CONTENTS, ETC. | MARY OF POROUS ZONES: SHOW ALL IMPERTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL STEM TESTS, INCLUDING DELICITION OF THE PROPERTY. |
| wet fund of | San Ariding | Smybowy | C) ween | NAME | : : : : : : : : : : : : : : : : : : : |
| 8 70 H | | | 3118 | MEAS. DEPTH : | CEOLOGIC MARKERS |
| | | | | TRUE VERT. DEPTH | |