| ш —  | PIES RECEIVED   |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|--|-----------------|---------------------------------------|------------------------|-------------|---------------------------------------|------------------------------------|-------------|------------------------------|---|---|--|--|
| SANTA FT   |                 |                                       |                        | NEW ME      | XICO O                                | IL C                               | DNSER       | HOITAV                       | COMMISSION                                  |   | M C-103                                |  |
| LAND OFFICE OIL MISCELLANEOUS REF                    |                 |                                       |                        |             |                                       |                                    |             | ORTS D                       | N WELLS                                     | (Rev                                    | 3-55)                                  |  |
| PRORATION OF OPERATOR                                | GA5             |                                       | (Subi                  |             |                                       | _                                  |             |                              | mission Rule                                | 1106)                                   |  |  |
| Name of Com  | pany            |                                       |                        |             |                                       | Addres                             |             | -                            |   | ·                                       | <del></del>                            |  |
| Penrose Production Company                           |                 |                                       |                        |             |                                       | it Letter   Section                |             | Box 9                        | Box 988, Eunice, New Mexico  Township Range |   |  |  |
|  | rvis            | · · · · · · · · · · · · · · · · · · · |                        | 1           |                                       | K                                  | 29          |                              | 18 S  | 39 E                                    |  |  |
| Date Work Pe   | erformed        | 1                                     | Pool<br><b>Hobbs</b> ( | San ANDF    | res e                                 | ast                                |             | County                       | Lea   |   |  |  |
|  |                 |                                       | THIS                   | IS A REPO   | RT OF:                                |                                    |             |                              |   |   |  |  |
| Beginning Drilling Operations Casing Test and Cement |                 |                                       |                        |             |                                       |                                    |             | Other (E                     | Explain):                                   |   |  |  |
| Pluggin  |                 |                                       |                        | Remedial Wo |                                       | <del></del> ;                      | <u>,</u>    | <del> </del>                 |   |   |  |  |
| Detailed acc   | DUIK OI WOIK C  | oue, nat                              | ure and quantity       | J OI MAICHA | and useu,                             | and ICS                            | area Opea   |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
| · Ra   | mand I als      |                                       | Madda                  |             |                                       | A 3983                             |             |                              |   |   |  |  |
| Tentix   | Lerrith su      | ut in,                                | . Waiting              | approva     | IT OL                                 | APE.                               |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
| Witnessed by Position                                |                 |                                       |                        |             |                                       |                                    | Company     |                              |   |   |  |  |
|  |                 |                                       | FILL IN BI             | ELOW FOR    | REME                                  | DIAL W                             | ORKR        | EPORTS OF                    | NLY   |   |  |  |
|  |                 |                                       |                        |             |                                       | Producing Interval Completion Date |             |                              |   |   |  |  |
| Dr Elev.   | D F Elev. T D   |                                       | •                      |             | PBID                                  |                                    |             | Froducing                    | Interval                                    | Completion                              | Completion Date                        |  |
| Tubing Diam  | Tubing Diameter |                                       | Tubing Depth           |             | Oil String I                          |                                    | ng Diame    | eter Oil S                   |   | tring Depth                             |  |  |
| <del> </del>   |                 |                                       | <del></del>            |             |                                       |                                    |             |                              |   | · · • · · · · · · · · · · · · · · · · · | ······································ |  |
| Perforated In  | terval(s)       |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
| Open Hole Interval                                   |                 |                                       |                        |             |                                       | Producing Formation(s)             |             |                              |   |   |  |  |
| _  |                 |                                       |                        | DEC         | JLTS OF                               | - WAD:                             | OVED        |                              |   |   |  |  |
|  |                 |                                       | Oil Per tour           |             |                                       | <del></del>                        | <del></del> | Production                   | COR   | C W                                     | ell Potential                          |  |
| Test   | Date of<br>Test | Ī                                     | Oil Producti<br>BPD    | on Ga       | s Produc<br>MCFPI                     |                                    |             | Production<br>BPD            | GOR<br>Cubic feet/B                         | bl Gas We                               | FPD                                    |  |
| Before   |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
| Workover   |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
| After<br>Workover                                    |                 |                                       |                        |             |                                       |                                    |             |                              |   |   |  |  |
|  |                 |                                       |                        |             |                                       | I here                             | eby certi   | fy that the in<br>my knowled | nformation given                            | above is true                           | and complet                            |  |
|  | OIL CON         | SERVAT                                | ION COMMISSI           | ON          |                                       | lo the                             | Dest OI     | my knowied;                  | <b>5</b> -•                                 |   |  |  |
| Approved by  | <del></del>     |                                       |                        |             | · · · · · · · · · · · · · · · · · · · | Name                               | . <u>-</u>  | 7                            |   |   |  |  |
|  |                 |                                       |                        |             |                                       | <u></u>                            | 人           | <u> </u>                     | (C)   | JERL                                    |  |  |
| Title  |                 |                                       |                        |             |                                       | Positi                             | on ´        | Office                       | Manager                                     |   |  |  |
| Date   |                 |                                       |                        |             |                                       |                                    | Company     |                              |   |   |  |  |

Penrose Production Company