

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-105
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

| | |
|---------------------------|--|
| WELL API NO. | 3002530716 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lea | B-1565 |

| | | | | | | | | | |
|--|--|---|--|---|---|---|--|---|--|
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | |
| 1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____ | | | | | 7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT | | | | |
| b. Type of Completion: NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RES. <input type="checkbox"/> OTHER HORIZONTAL LATERAL | | | | | | | | | |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. | | | | | 8. Well No. 60 | | | | |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240 | | | | | 9. Pool Name or Wildcat VACUUM GLORIETA | | | | |
| 4. Well Location SUR 18 HL Unit Letter B 990 Feet From The NORTH Line and 2308 Feet From The EAST Line Section 36 Township 17S Range 34E NMPM LEA COUNTY | | | | | | | | | |
| 10. Date Spudded 2/18/99 | | 11. Date T.D. Reached 2/28/99 | | 12. Date Compl. (Ready to Prod.) 3/12/99 | | 13. Elevations (DF & RKB, RT, GR, etc.) 3999' GR | | 14. Elev. Csghead | |
| 15. Total Depth 7221' | | 16. Plug Back T.D. 7221' | | 17. If Mult. Compl. How Many Zones? | | 18. Intervals Drilled By | | 19. Producing Interval(s), of this completion - Top, Bottom, Name 5896-7220' (O.H. WINDOW) PADDOCK | |
| | | | | | | | | 20. Was Directional Survey Made YES | |
| 21. Type Electric and Other Logs Run | | | | | | | | 22. Was Well Cored NO | |
| 23. CASING RECORD (Report all Strings set in well) | | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENT RECORD | |
| | | | | | | NO CHANGE | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 24. LINER RECORD | | | | | | | | | |
| SIZE | | TOP | | BOTTOM | | SACKS CEMENT | | SCREEN | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 25. TUBING RECORD | | | | | | | | | |
| SIZE | | TOP | | BOTTOM | | SACKS CEMENT | | SCREEN | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 26. Perforation record (interval, size, and number) 5896-7220' O.H. | | | | | | | | | |
| 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | | | | | | |
| DEPTH INTERVAL | | | | | AMOUNT AND KIND MATERIAL USED | | | | |
| 5896-7220' O.H. | | | | | 19,500 GALS 15% NEFE HCL ACID & | | | | |
| | | | | | 435,000 SCF N2 W/70 QUALITY FOAM | | | | |
| 28. PRODUCTION | | | | | | | | | |
| Date First Production 3/15/99 | | Production Method (Flowing, gas lift, pumping - size and type pump) PUMPING (SUB-PUMP) | | | | | | Well Status (Prod. or Shut-in) P | |
| Date of Test 3-17-99 | | Hours tested 24 HRS | | Choke Size | | Prod'n For Test Period | | Oil - Bbl. 306 | |
| | | | | | | | | Gas - MCF 59 | |
| | | | | | | | | Water - Bbl. 6 | |
| | | | | | | | | Gas - Oil Ratio 192 | |
| 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 | | | | | | | | Test Witnessed By | |
| 30. List Attachment DIRECTIONAL SURVEY | | | | | | | | | |
| 31. I hereby certify that the information on both sides of this form is true and complete to the best of my knowledge and belief. | | | | | | | | | |
| SIGNATURE <i>J. Denise Leake</i> | | | | | TITLE Engineering Assistant | | | DATE 3/29/99 | |
| TYPE OR PRINT NAME J. Denise Leake | | | | | Telephone No. 397-0405 | | | | |