Distric. I 1625 N. French Dr., Hobbs, NM 88240 5-31888 Oil Conservation Division District II 5. Indicate Type of Lease 1301 W. Grand Avenue, Artesia, NM 88210 1220 South St. Francis Dr. STATE FEE District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 LG-607 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 7. Lease Name or Unit Agreement Name la. Type of Well: GAS WELL DRY OTHER OIL WELL b. Type of Completion: PLUG 🔀 **REDHAWK "32" STATE** NEW WELL OVER DEEPEN OTHER RESVR. 8. Well No. 2. Name of Operator Asher Enterprises Ltd Co 9. Pool name or Wildcat 3. Address of Operator APACHE RIDGE BONE SPRINGS P.O. BOX 423, ARTESIA, NM 88210 4. Well Location Unit Letter _ L ____ : ___ 1980 ___ Feet From The ___ SOUTH Line and Feet From ___West__ 34E NMPM Range Township 14. Elev. Casinghead 12. Date Compl. (Ready to Prod.) 13. Elevations (DF& RKB, RT, GR, etc.) 11. Date T.D. Reached 10. Date Spudded 9/10/02 11/11/02 Cable Tools Rotary Tools 15. Total Depth 16. Plug Back T.D. 17. If Multiple Compl. How Many 18. Intervals Drilled By Zones? CIBP (a) 13,100 20. Was Directional Survey Made 19. Producing Interval(s), of this completion - Top, Bottom, Name BONE SPRINGS 22. Was Well Cored 21. Type Electric and Other Logs Run CASING RECORD (Report all strings set in well) 23. AMOUNT PULLED CEMENTING RECORD HOLE SIZE DEPTH SET **CASING SIZE** WEIGHT LB./FT. TUBING RECORD LINER RECORD 24 DEPTH SET PACKER SET SACKS CEMENT SCREEN SIZE TOP BOTTOM SIZE 10,174 2 7/8" 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. Perforation record (interval, size, and number) AMOUNT AND KIND MATERIAL USED ACD W/ 200 GALS 15% NEFE 10,148-10,158 10,148-10,158' 20 SHOTS **PRODUCTION** Well Status (Prod. or Shut-in) Production Method (Flowing, gas lift, pumping - Size and type pump) Date First Production **PRODUCING PUMPING** 11/15/02 Oil - Bbl Gas - MCF Water - Bbl. Gas - Oil Ratio Prod'n For Date of Test Hours Tested Choke Size 56 Test Period 11 3 11/17/02 24 Oil Gravity - API - (Corr.) Gas - MCF Water - Bbl. Oil - Bbl. Flow Tubing Casing Pressure Calculated 24-Hour Rate Press. Test Witnessed By 29. Disposition of Gas (Sold, used for fuel, vented, etc.) CARROLL BELLAH **USED FOR FUE** 30. List Attachments 31 .I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief 11/19/02 **AGENT** Date ROBIN COCKRUM Title Signature کّ

Energy, Minerais and Natural Resources

State Lease - 6 copies

Fee Lease - 5 copies

Revised March 25, 1990

WELL API NO.

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

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe NM 87505

Form C-102 Revised August 15, 2000 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

<u>District IV</u> 1220 S. St. Franci	s Dr., Santa F	e, NM 875	505		Saika PC,	14141 87505		□ АМЕ	NDED REPORT
1	API Numbe	r	WELL L	OCATI Pool C		CREAGE DEDIC	CATION PLA Pool Nat		
30-025-31888				2260			ONE SPRINGS		
⁴ Property Code 25089		⁵ Property Name REDHAWK "32" STATE					* Well Number		
OGRID No.		8 Operator Name					⁹ Elevation		
14953	8				ASHER ENTER	PRISES LTD CO			
					10 Surfac	e Location			
UL or lot no. Secti L 32		Township 19S	34E	Lot Idn	feet from the	North/South line SOUTH	Feet from the 810	East/West line WEST	County LEA
			11 E	Bottom I	Hole Location	If Different From	n Surface		
UL or lot no.	Section	Township	Range	Lot le	dn Feet from t	he North/South line	Feet from the	East/West line	County
12 Dedicated Acre	s ¹³ Joint o	r Infill	14 Consolidation	Code 15	Order No.				
40				ļ					
							Robin Cockru Printed Name AGENT Title 11/19/02 Date		ledge and belief.
							I hereby cert plotted from under my su to the best of Date of Surve	EYOR CERT In that the well sociation field notes of actual sur- pervision, and that the so f my belief y Seal of Professional Survey	shown on this plaw as the made by me or time is true and correct
							Certificate Nur	Ther	