Submit to Appropriate District Office State Lease - 6 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

| Fee Lease - 5 copies DISTRICT I | OI | OIL CONSERVATION DIVISION | | | | | | WELL API NO. | | | | | |
|--|------------------------|---------------------------|----------------|---|----------|--------------------------------|-----------------------------|--------------|--|---------------|---|-----------------|--|
| P.O. Box 1980, Hobbs, NM 88240 | | | P.O. Box 2088 | | | | | - | 30-025-32741 | | | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | | | | | | | | 5. Indicate Type of Lease STATE X FEE | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | | | | 6. State Oil & Gas Lease No. 014036 | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | | | |
| 1a. Type of Well: OIL WELL X GAS WELL DRY OTHER | | | | | | | | | 7. Lease Name or Unit Agreement Name | | | | |
| b. Type of Completion: NEW WORK PLUG DEFF OTHER WELL X OVER DEEPEN BACK TOTHER | | | | | | | | | Kaiser State | | | | |
| 2. Name of Operator Hal J. Rasmussen Operating, Inc. | | | | | | | | | 8. Well No. 44 | | | | |
| 3. Address of Operator | | | | | | | | | . Pool name | or Wildcat | | | |
| 310 W. Wall; Suite 906; Midland, Texas 79701 | | | | | | | | | Wilson Yates-Seven River Asso | | | | |
| 4. Well Location | | | | | | | | | | | | | |
| Unit Letter F: 2310 Feet From The North Line and 2310 Feet From The West Line | | | | | | | | | | | | | |
| : Section 13 Township 21S Range 34E NMPM Lea County | | | | | | | | | | | | | |
| 10. Date Spudded 12/13/94 | 11. Date T.D. 12/24 | | i | ompl. (Ready to 8/95 | Prod.) | od.) 13. Elevations (D 3649 | | | GR GR | | 14. Elev. Casinghead GL | | |
| 15. Total Depth | 16. Plug Back T.D. | | Ī | Compl. How 18. 1 | | Intervals Rotary Too | | Cable Tools | | | | | |
| 4190 | | 3807 | | Many Zone | N/ | /A | | | 0'-TD | | <u></u> | /A | |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name Seven Rivers Top 3798 Bottom 4180' Yes | | | | | | | | | | | | rvey Made | |
| 21. Type Electric and Other Logs Run GR, DLL w/MSFL, Neutron-Density | | | | | | | | | 22. Was Wei | I Cored | No | | |
| GR, DLL W/MS 23. | SFL, Neu | | | | | | | | | | NO | | |
| CASING RECORD (Report all strings set in | | | | | | | | | | | | | |
| CASING SIZE WEIGHT LE | | | | | | | | | CEMENTING RECORD AMOUNT PULLED | | | | |
| | | | | | | 14 3/4" 9 1/2" | | | 10 sxs to surface | | | | |
| 7 5/8" 26.4, | | . 29.1 | 41 | .90' | | 9 1/2 | | 300 | SXS | | - | | |
| | | | | | | | | | | | | | |
| | | | | | - | . TUBING RECORD | | | | | | | |
| 24. | | | LINER RECORD | | | | | | | SING RE | | | |
| SIZE | TOP | | OTTOM SACKS CE | | MENT SCI | | REEN | | SIZE DEPTI | | | | |
| | | | | | | | ··· | | 1/2" | 377 | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| 26. Perforation rec | ord (interval | , size, and | number) | | | 27. | ACID, | SHOT, I | RACTURE | , CEME | NT. SOL | JEEZE, ETC. | |
| 3800-06' w | · | | | DEPTH INTERVAL | | | AMOUNT AND KIND MATERIAL US | | | | | | |
| 3835-40' w | | | | 3800-06 | | 250 gallons 15% HCl | | | | | | | |
| 3891-95' w/4 jspf | | | | | | | 3835-40 | | | Squeezed w/ 5 | | | |
| 3891-95 Squeezed w/ 200 sxs PRODUCTION | | | | | | | | | | | | | |
| 28. Date First Production | T | Produc | tion Method (i | Towing, gas lij | | | and type | pump) | | Well St | atus (Prod. | or Shut-in) | |
| 1/19/95 Subme | | rsible Pump | | | | | | | Prod | | | | |
| Date of Test | Hours Test | ød 💮 | Choke Size | Prod'n Fo | | ઝાં - Bы | • | Gas - MC | | ater - Bbl. | | Gas - Oil Ratio | |
| 1/19/95 | 24 | | | Test Perio | la | 73 | | 45 | | 700 | | 6 scf/bbl | |
| Flow Tubing Press. 75 | Grang Pres | 1 5 1 | | Calculated 24- Oil - Bbl. Hour Rate 73 | | Gas - MCF 45 | | | Water - Bbl. 2700 | | Gravity - API - (Corr.) 29 | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By | | | | | | | | | | | | | |
| Sold Tyson Dunn | | | | | | | | | | | | | |
| 30. List Attachments | | | | | | | | | | | | | |
| 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 | D | · | • | Printed Name | yson. | L. I | Dunn | Titl | eProduct | ion En | gine | 1/26/95 | |

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