

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-105  
Revised 1-1-89

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.                                                                                        |
| 30-025-09297                                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                                         |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1a. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____                                                                                                       | 7. Lease Name or Unit Agreement Name          |
| b. Type of Completion:<br>NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DUFF RESVR <input type="checkbox"/> OTHER _____ | State A A/C 1                                 |
| 2. Name of Operator<br>Hal J. Rasmussen Operating, Inc.                                                                                                                                                                                 | 8. Well No.<br>88                             |
| 3. Address of Operator<br>Six Desta Drive, Suite 5850, Midland, Tx 79705                                                                                                                                                                | 9. Pool name or Wildcat<br>Jalmat Tns1-Yts-7R |

|                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>10</u> Township <u>23 S</u> Range <u>36 E</u> NMPM Lea County |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                      |                            |                                        |                                                      |                                 |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------------------|------------------------------------------------------|---------------------------------|
| 10. Date Spudded                                                                     | 11. Date T.D. Reached      | 12. Date Compl. (Ready to Prod.)       | 13. Elevations (DF & RKB, RT, GR, etc.)<br>3440 G.L. | 14. Elev. Casinghead            |
| 15. Total Depth<br>3679                                                              | 16. Plug Back T.D.<br>3250 | 17. If Multiple Compl. How Many Zones? | 18. Intervals Drilled By<br>Rotary Tools             | Cable Tools                     |
| 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>3016-3195 Yates |                            |                                        |                                                      | 20. Was Directional Survey Made |
| 21. Type Electric and Other Logs Run                                                 |                            |                                        |                                                      | 22. Was Well Cored              |

23. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB/FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|---------------|-----------|-----------|------------------|---------------|
| 9 5/8       | 32            | 320       |           | 300              |               |
| 7           | 20            | 3625      |           | 250              |               |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |
|             |               |           |           |                  |               |

|                                     |                           |
|-------------------------------------|---------------------------|
| 24. LINER RECORD                    | 25. TUBING RECORD         |
| SIZE TOP BOTTOM SACKS CEMENT SCREEN | SIZE DEPTH SET PACKER SET |
|                                     |                           |
|                                     |                           |

|                                                                                                                         |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 26. Perforation record (interval, size, and number)<br>3016, 28, 50, 56, 67, 90, 94, 3113, 25, 44, 53, 95<br>3/8" 1JSPF | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED<br>3016 - 3195 Frac 2038 bbl 156000#<br>12/20 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

28. PRODUCTION

|                          |                                                                             |                         |                        |                 |                                      |                             |                 |
|--------------------------|-----------------------------------------------------------------------------|-------------------------|------------------------|-----------------|--------------------------------------|-----------------------------|-----------------|
| Date First Production    | Production Method (Flowing, gas lift, pumping - Size and type pump)<br>None |                         |                        |                 | Well Status (Prod. or Shut-in)<br>TA |                             |                 |
| Date of Test<br>12/22/89 | Hours Tested<br>24                                                          | Choke Size              | Prod'n For Test Period | Oil - Bbl.<br>0 | Gas - MCF<br>0                       | Water - Bbl.<br>460         | Gas - Oil Ratio |
| Flow Tubing Press.       | Casing Pressure                                                             | Calculated 24-Hour Rate | Oil - Bbl.<br>0        | Gas - MCF<br>0  | Water - Bbl.<br>460                  | Oil Gravity - API - (Corr.) |                 |

|                                                            |                   |
|------------------------------------------------------------|-------------------|
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) | Test Witnessed By |
|------------------------------------------------------------|-------------------|

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 Jay Cherski Printed Name Jay Cherski Title Agent Date 1/23/90