

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.                         | 30-025-10270                                                           |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |                                                                        |
|                                      |                                                                        |
| 7. Lease Name or Unit Agreement Name | Walden, EW                                                             |
| 8. Well No.                          | 2                                                                      |
| 9. Pool name or Wildcat              | Blinbry Oil & Gas                                                      |

|                                                                                                                                                                                                                           |                            |                                               |                                                                                                                   |                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                     |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| 1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____                                                                                 |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| b. Type of Completion: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input checked="" type="checkbox"/> OTHER _____ |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| 2. Name of Operator<br>Collins & Ware, Inc.                                                                                                                                                                               |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| 3. Address of Operator<br>508 W. Wall, Suite 1200, Midland, Tx 79701                                                                                                                                                      |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>2009</u> Feet From The <u>South</u> Line and <u>1911</u> Feet From The <u>West</u> Line<br>Section <u>15</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County           |                            |                                               |                                                                                                                   |                                                                                                                      |  |
| 10. Date Spudded W/O<br>1/6/97                                                                                                                                                                                            | 11. Date T.D. Reached      | 12. Date Compl. (Ready to Prod.)<br>1/22/97   | 13. Elevations (DF& RKB, RT, GR, etc.)<br>3402 GR                                                                 | 14. Elev. Casinghead                                                                                                 |  |
| 15. Total Depth<br>6470                                                                                                                                                                                                   | 16. Plug Back T.D.<br>6169 | 17. If Multiple Compl. How Many Zones?<br>N/A | 18. Intervals Drilled By<br>Rotary Tools <input checked="" type="checkbox"/> Cable Tools <input type="checkbox"/> | 19. Producing Interval(s), of this completion - Top, Bottom, Name<br>5677 - 5877 (50 holes) Blinbry <u>5483-5605</u> |  |
| 21. Type Electric and Other Logs Run<br>CCL/GR 5400-5950                                                                                                                                                                  |                            |                                               |                                                                                                                   | 20. Was Directional Survey Made<br>No                                                                                |  |
|                                                                                                                                                                                                                           |                            |                                               |                                                                                                                   | 22. Was Well Cored<br>No                                                                                             |  |

| 23. CASING RECORD (Report all strings set in well) |               |           |           |                  |               |
|----------------------------------------------------|---------------|-----------|-----------|------------------|---------------|
| CASING SIZE                                        | WEIGHT LB/FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 13 3/8                                             | 36#           | 191       | 17 1/4    | 200 sx           |               |
| 8 5/8                                              | 32#           | 2775      | 11        | 1200 sx          | TOC 386'      |
| 5 1/2                                              | 15.5#, 17#    | 6470      | 7 3/8     | 500 sx           | TOC 3329'     |
|                                                    |               |           |           |                  |               |
|                                                    |               |           |           |                  |               |

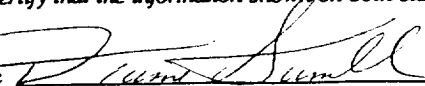
| 24. LINER RECORD |     |        |              |        | 25. TUBING RECORD |           |            |
|------------------|-----|--------|--------------|--------|-------------------|-----------|------------|
| SIZE             | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE              | DEPTH SET | PACKER SET |
|                  |     |        |              |        | 2 3/8             | 5402'     | N/A        |
|                  |     |        |              |        |                   |           |            |

|                                                                               |                                                 |                               |
|-------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| 26. Perforation record (interval, size, and number)<br>Please see attachment. | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |                               |
|                                                                               | DEPTH INTERVAL                                  | AMOUNT AND KIND MATERIAL USED |
|                                                                               |                                                 |                               |
|                                                                               |                                                 | Please see attachment         |

| 28. PRODUCTION                   |                    |                                                                                                      |                        |                  |                    |                                             |                         |
|----------------------------------|--------------------|------------------------------------------------------------------------------------------------------|------------------------|------------------|--------------------|---------------------------------------------|-------------------------|
| Date First Production<br>1/25/97 |                    | Production Method (Flowing, gas lift, pumping - Size and type pump)<br>2" x 1 1/4" x 25' 3-tube pump |                        |                  |                    | Well Status (Prod. or Shut-in)<br>Producing |                         |
| Date of Test<br>2/1/97           | Hours Tested<br>24 | Choke Size<br>N/A                                                                                    | Prod'n For Test Period | Oil - Bbl.<br>49 | Gas - MCF<br>56    | Water - Bbl.<br>58                          | Gas - Oil Ratio<br>1143 |
| Flow Tubing Press.               | Casing Pressure    | Calculated 24-Hour Rate                                                                              | Oil - Bbl.<br>49       | Gas - MCF<br>56  | Water - Bbl.<br>58 | Oil Gravity - API - (Corr.)<br>38.8         |                         |

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

|                                                                      |
|----------------------------------------------------------------------|
| 30. List Attachments<br>Please see attachment for numbers 26 and 27. |
|----------------------------------------------------------------------|

|                                                                                                                                        |                                |                                |                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|----------------|
| 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                                           | Printed Name<br>Dianne Sumrall | Title<br>Production Supervisor | Date<br>2/6/97 |