

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.
30-025-33533

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER _____

b. Type of Completion:
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☒ DIFF RESVR ☐ OTHER _____

7. Lease Name or Unit Agreement Name

United Royalty "A"

2. Name of Operator
E.G.L. Resources Inc.

8. Well No.
5

3. Address of Operator
P. O. Box 10886, Midland, TX 79702

9. Pool name or Wildcat
Dollarhide Queen

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 19 Township 24S Range 38E NMPM Lea County

10. Date Spudded 11. Date T.D. Reached 12. Date Compl. (Ready to Prod.) 13. Elevations (DF & RKB, RT, GR, etc.) 14. Elev. Casinghead

4/15/02 3183' GL

15. Total Depth 16. Plug Back T.D. 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By Rotary Tools Cable Tools
11323 3920 X

19. Producing Interval(s), of this completion - Top, Bottom, Name 20. Was Directional Survey Made
3719-3767 Queen Formation No

21. Type Electric and Other Logs Run 22. Was Well Cored
GR/CCL No

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

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4	42#	1200	14 3/4	700 sx Surf	0
8 5/8	32#	4230	11	1675 sx DV@ 3502 Surf	0
5 1/2	17#	11323	7 7/8	3215 sx DV@ 7400 Surf	CTBP 8174+ 35' Cement

24. LINER RECORD 25. TUBING RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	3808	

26. Perforation record (interval, size, and number) 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3719-3767	Frac w/188 bbls VF125 XL gel, 272400 scf N2 & 33630# 16/30
	Brady sd. Flush w/17.5 bbls 2# KCl

28. PRODUCTION

Date First Production 4/15/02 Production Method (Flowing, gas lift, pumping - Size and type pump) Pump 2"x1 1/2"x16' w/1 1/2"x12' gas anchor Well Status (Prod. or Shut-in) Producing

Date of Test 4/15/02 Hours Tested 24 Choke Size Prod'n For Test Period Oil - Bbl. 35 Gas - MCF <1 Water - Bbl. 92 Gas - Oil Ratio N/A

Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl. 35 Gas - MCF <1 Water - Bbl. 92 Oil Gravity - API - (Corr.) 34.7°

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 Linda Johnston Printed Name Linda Johnston Title Agent Date 5/2/02

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

T. Anhy		T. Canyon	
T. Salt		T. Strawn	
B. Salt		T. Atoka	
T. Yates	2723	T. Miss	
T. 7 Rivers	3032	T. Devonian	7805
T. Queen	3376	T. Silurian	
T. Grayburg	3882	T. Montoya	9414
T. San Andres	4087	T. Simpson	9672
T. Glorieta	5196	T. McKee	10258
T. Paddock		T. Ellenburger	10818
T. Blinebry	5510	T. Gr. Wash	
T. Tubb	6141	T. Delaware Sand	
T. Drinkard	6363	T. Bone Springs	
T. Abo	6697	T. <u>RUSTLER</u>	1250
T. Wolfcamp		T.	
T. Penn		T.	
T. Cisco (Bough C)		T.	

Northwestern New Mexico

T. Ojo Alamo _____	T. Penn. "B" _____
T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Pictured Cliffs _____	T. Penn. "D" _____
T. Cliff House _____	T. Leadville _____
T. Menefee _____	T. Madison _____
T. Point Lookout _____	T. Elbert _____
T. Mancos _____	T. McCracken _____
T. Gallup _____	T. Ignacio Otzte _____
Base Greenhorn _____	T. Granite _____
T. Dakota _____	T. _____
T. Morrison _____	T. _____
T. Todilto _____	T. _____
T. Entrada _____	T. _____
T. Wingate _____	T. _____
T. Chinle _____	T. _____
T. Permian _____	T. _____
T. Penn "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
No. 2, from.....to.....
No. 3, from.....to.....
No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
No. 2, from.....to.....feet.....
No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology

From	To	Thickness in Feet	Lithology

District I
1625 N. French Dr., Hobbs, NM 88240
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1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-1116
Revised March 17, 1999

Submit 2 copies
To Appropriate
District Office

GAS - OIL RATIO TEST

Operator		E.G.L. Resources Inc.				Pool		Dollarhide Queen				County		Lea		
Address		P.O. Box 10886, Midland, TX 79702				TYPE OF TEST - (X)		Scheduled <input type="checkbox"/>		Completion <input checked="" type="checkbox"/>		Special <input type="checkbox"/>				
LEASE NAME United Royalty "A" 30-025-33533	WELL NO.	LOCATION				DATE OF TEST	STATUS	CHOKESIZE	TRG. PRESS	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU FT/BBL.
		U	S	T	R							WATER BBL.S.	GRAV. OIL.	OIL BBL.S.	GAS M.C.F.	
	5	F	19	24S	38E	4/15/02	P				24	92	34.7	35	<1	N/A

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature *Linda Johnston*

Linda Johnston, Agent

Printed Name and Title

5/2/02 (915) 694-8228

Date Telephone No.

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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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-33533	² Pool Code 96677	³ Pool Name Dollarhide Queen
⁴ Property Code 27777	⁵ Property Name United Royalty "A"	⁶ Well Number 5
⁷ OGRID No. 173413	⁸ Operator Name E.G.L. Resources Inc.	⁹ Elevation 3813' GL

¹⁰ Surface Location

UL or lot no. F	Section 19	Township 24S	Range 38E	Lot Idn	Feet from the 1980	North/South line North	Feet from the 1980	East/West line West	County Lea
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>¹⁶</p>	<p>¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p>Signature: <i>Linda Johnston</i> Printed Name: Linda Johnston Title: Agent Date: 5/2/2002</p>
	<p>¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey Signature and Seal of Professional Surveyor:</p>
	<p>Certificate Number</p>