

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	State ☒ Fee ☐
5. State Oil & Gas Lease No.	E-2064

1a. TYPE OF WELL	OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐	7. Unit Agreement Name	-
b. TYPE OF COMPLETION	NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ OTHER ☐	8. Farm or Lease Name	South Four Lakes Unit

2. Name of Operator	Exxon Corporation	9. Well No.	1
---------------------	--------------------------	-------------	----------

3. Address of Operator	Box 1600, Midland, Texas 79701	10. Field and Pool, or Wildcat	(Bend) Morrow - Penn
------------------------	---------------------------------------	--------------------------------	-----------------------------

4. Location of Well	UNIT LETTER "B" LOCATED 660 FEET FROM THE North LINE AND 1,980 FEET FROM	12. County	Lea
---------------------	--	------------	------------

THE East LINE OF SEC. 2 TWP. 12-S RGE. 34-E NMPM	15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
--	------------------	-----------------------	----------------------------------	--	----------------------

11-5-55	2-21-56	5-10-56	4160 DF	4149
----------------	----------------	----------------	----------------	-------------

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
-----------------	--------------------	----------------------------------	--------------------------	--------------	-------------

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
---	---------------------------------

26. Type Electric and Other Logs Run	27. Was Well Cored
--------------------------------------	--------------------

Gamma Ray Correlation Log	
----------------------------------	--

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
None					

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	10,230	11,000

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
11,386-404 - 19shots	DEPTH INTERVAL
11,410-412 - 3 shots	AMOUNT AND KIND MATERIAL USED
	11386-11416 5000 gal. 15% Acid

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Producing or Shut-in)	
5-8-74		Flow				54	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
5-8-74	4 (4-kpt.)	64/64	19/64, 15/64, 10/64	-	-	-	-
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
507	Pkr	-	-	ACF 700	-	-	

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

35. List of Attachments	
-------------------------	--

36. 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.		
SIGNED W.H. Epton	TITLE Unit Head	DATE 7-1-74

This form is to be filed with the appropriate District Office of the Commission 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 drilling 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 30 through 34 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.

Southeastern New Mexico

T. Anhy T. Canyon T. Ojo Alamo T. Penn. "B"

FORMATION RECORD (Attach additional sheets if necessary)

[illegible]