

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, Mine, and Natural Resources Department

Form C-105
Revised 1-1-89

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

WELL API NO. 3002533778
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name JOHN D KNOX
8. Well No. 14
9. Pool name or Wildcat OIL CENTER BLINEBRY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG			
1a. Type of Well: OIL WELL ☐ GAS WELL ☐ DRY ☐ OTHER INJECTION			
b. Type of Completion: NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ OTHER INJECTION			
2. Name of Operator EXXON CORPORATION			
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210			
4. Well Location Unit Letter J : 2337 Feet From The FSL Line and 1543 Feet From The FEL Line Section 10 Township 21S Range 36E NMPM LEA County			
10. Date Spudded 01/01/98	11. Date T.D. Reached 01/19/98	12. Date Compl. (Ready to Prod.) 04/30/99	13. Elevations (DF & RKB, RT, GR, etc.) KB 3606'
14. Elev. Casinghead N/A			
15. Total Depth 6220	16. Plug Back T.D. 6169	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By ROTARY
19. Producing Interval(s), of this completion - Top, Bottom, Name 5844' - 6108' BLINEBRY			20. Was Directional Survey Made NO
21. Type Electric and Other Logs Run CNL/GR/CCL			22. Was Well Cored NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24.32 K55	1350	12 1/4	800	-0-
5 1/2	15.5 17 K55	6400	7 7/8	1200	-0-

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 3/8	5787

26. Perforation record (interval, size, and number)			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
5844' - 6052' 5886' - 5896'			DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
6096' - 6108'			5844' 6108'	2200 GALS 15% HCL
6000' - 6016'				
5968' - 6976'				
5900' - 5906' 1 SPF 104 HOLES				

28. PRODUCTION					
Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)			Well Status (Prod. or Shut-in)	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.
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 Mary L. Dow Printed Name Mary L. Dow Title Sr Staff Office Assistant Date 04/01/99
(713) 431-1232

