

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-105
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
V-601	

1a. TYPE OF WELL		OIL WELL ☐		GAS WELL ☐		DRY ☒		OTHER ☐	
b. TYPE OF COMPLETION		NEW WELL ☒		WORK OVER ☐		DEEPEN ☐		PLUG BACK ☐	
								DIFF. RESVR. ☐	
								OTHER ☐	

2. Name of Operator		Exxon Corporation	
3. Address of Operator		P.O. Box 1600; Midland, Texas 79702	

4. Location of Well		UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM West	
		THE LINE OF SEC. 16 TWP. 15S RGE. 28E 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
4-1-83	5-10-83	--	KB-3614'; DF-3613'; GL-3592'	3594.5
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools
9400'	Surface	--	-->	0-9400'

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
--	No

26. Type Electric and Other Logs Run	27. Was Well Cored
DLL-MSFL; CNL-LDT; Computer Processed	No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	6.1#	400'	17 1/2"	450 sx ClC	--
9 5/8"	47#	2006'	12 1/4"	600 sx Trinity Lite, 200 sx ClC	--
5 1/2"	17.20#	9392	7 7/8"	1390 sx ClH	--
	DV tool	4747		800 sx ClC	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
9088-9121		DEPTH INTERVAL	
9181-9193		9088-9121	
		4000 gals 7 1/2% MSR	
		1000 gals 15% HCl; 2500 gals 12% HCl	
		9088-9193	
		20000 gals YF4RSO, 10000 liquid	

33. PRODUCTION		CO ₂ 55000# sand	
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
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.
			Gas - MCF
			Water - Bbl.
			Oil Gravity - API (Corr.)

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

35. List of Attachments
Description of plugs set

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 Micron Kripling TITLE Unit Head DATE 11-23-83

This form is to be filled with the appropriate District Office of the Division not later than 30 days after the completion of any newly-drilled or abandoned 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 30 through 34 shall be reported for each zone. The form is to be filled in quadruplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

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
No. 4, from	to	feet

FORMATION RECORD (Attach additional sheets if necessary)

[illegible]