

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COM. (S. 3000 instructions on reverse side)
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

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 ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. ESVR. ☐ Other _____ RECEIVED2. NAME OF OPERATOR
Exxon Corporation3. ADDRESS OF OPERATOR
P.O. Box 1600, Midland, TX 797014. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1993- FEL and 660' FSL of Section

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 8-18-82	16. DATE T.D. REACHED 8-27-82	17. DATE COMPL. (Ready to prod.) 9-29-82	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* GR 3509	19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 3150	21. PLUG, BACK T.D., MD & TVD 3122	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY 10-3150	24. WAS DIRECTIONAL SURVEY MADE
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2442 - 2686 66 shots				25. WAS WELL CORED sidewall
26. TYPE ELECTRIC AND OTHER LOGS RUN CND, DSW, GR, DFG				27. WAS WELL CORED no recovery

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	488	11	380	
5 1/2	14#	3148	7 7/8	500	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	2434	No

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2442-2680	Acidize w/4000 gal 15% Acid Frac. w/100,000 gal. gel and 2% KCl, 10,000# 100 mesh sand 200,000# 20-40 sand.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
9-14-82		Pump					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
9-29-82	24	-	→	39	8	30	205	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR)		
-	-	→	39	8	30	ACCEPTED FOR RECORD 39.3 (ORIG SEC'D) DAVID R. GLA		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.
SIGNED E. H. Luning TITLE Sr. Administrator
OCT 12 1982
OCT 14 1982
DAVID R. GLASS
GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*(See Instructions and Spaces for Additional Data on Reverse Side)

ROSWELL, NEW MEXICO

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yeso	2442	3150		Yeso	2442-	2442