

Form 9-330
(Rev. 5-63)

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UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Exxon Corporation

3. ADDRESS OF OPERATOR

P O Box 1600, Midland TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal requirements)

At surface 2180' FNL and 660' FWL of Section

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

11/18/82

12. COUNTY OR PARISH

Eddy

13. STATE

NM

15. DATE SPUNDED 12/16/82 16. DATE T.D. REACHED 12/29/82 17. DATE COMPL. (Ready to prod.) 6/17/83 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3280 19. ELEV. CASINGHEAD ---

20. TOTAL DEPTH, MD & TVD 4725 21. PLUG, BACK T.D., MD & TVD 2965 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY --- ROTARY TOOLS 0-4725 CABLE TOOLS ---

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
2570 Delaware 2614'-2694' 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN
FDC-CNL; Restivity

27. WAS WELL CORED No

28. 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	602	11	1200 SX C1 C	---
5 1/2	14	4720	7 7/8	904 SX C1 C	---

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	2438	

31. PERFORATION RECORD (Interval, size and number)

4172-4327 w/79 shots
3070-3084 w/15 shots
2570-2694 w/36 shots

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4172-4327	Acidz w/4000 gals inhib Ne acid
	Frac w/573 bbls foam frac.
	54,000#20-40 sand, 48,000#
	10-20 sand

33.* PRODUCTION (over)

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6/20/83		Pumping				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/1/83	24	---	---	26	TSTM	267	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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ACCEPTED FOR RECORD

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

Flared

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

AUG 8 1983

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Melba Knippling

TITLE

Unit Head ROSWELL, NEW MEXICO

DATE

7/12/83

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

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.)

- #32 - CIBP @ 4100 capped w/35' cmt.
- 3070-3084 Acd/Frac 15% HCl, 48,000gal foam, 24,000# 10-20 sd, 27,000# 20-40 sand.
- CIBP @ 3000 capped w/ 35' cmt
- 2570-2694 Foam frac., 72 bbls acid, 234 bbls frac, 27,000# 20-40, 24,000# 10-20

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

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	2614		dolomite, sandstone, shale	Delaware	2614	