

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:		OIL WELL ☒	GAS WELL ☐	DRY ☐	Other ☐	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESER. ☐
2. NAME OF OPERATOR		Exxon Corporation				
3. ADDRESS OF OPERATOR		P.O. Box 1600, Midland, Texas 79702				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 1980' FEL of Sec. 35 SW/SE At top prod. interval reported below At total depth						
14. PERMIT NO.		30-015-24695		DATE ISSUED 11-25-83		
15. DATE SPUDDED		2-15-84		16. DATE T.D. REACHED 3-5-84		
17. DATE COMPL. (Ready to prod.)		4-29-84		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3203' GR		
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5740		21. PLUG, BACK T.D., MD & TVD 5205		
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-5740		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3222-3227' Delaware		
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN LDT-CNL; DLL-MSFL; NGT; Dipmeter; Sidewall Cores; EPT		27. WAS WELL CORED Yes		
28. CASING RECORD (Report all strings set in well)						
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	
13 3/8"	48#	605'	17 1/2"	400 sx Lite; 300 sx C1C		
8 5/8"	24#	2569	11"	700 sx Lite; 300 sx C1C;	260 sx C1C Neat	
5 1/2"	17#	5730'	7 7/8"	1100 sx C1C		
tool @ 4150'						
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"	3215					
31. PERFORATION RECORD (Interval, size and number)						
5258 - 5264' 14 shots						
3222 - 3227' 20 shots						
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED				
5258 - 5264		1000 gals. 15% HCl; 29,300 gals. foam frac., 15,000 #				
		20/40 sd., 24,000# 10/20 sd.				
5240		CIBP, top w/35' cement				
33. PRODUCTION						
DATE FIRST PRODUCTION 3-20-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump 2"			WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 5-26-84	HOURS TESTED 24 hrs.	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL. 18	GAS—MCF. 5	
WATER—BBL. 411	GAS—OIL RATIO 276					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Flare					TEST WITNESSED BY	
35. LIST OF ATTACHMENTS						
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						
SIGNED <i>Melba Kripling</i>		TITLE Unit Head		DATE 6-13-84		

*(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.)

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	MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	2816	5464	Shale, dolomite, sandstone, limestone Core 5520 - 5580' Rec. 60'	Delaware Rona Spring	2816 5464	