

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R356.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ 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 requirements)* At surface 1980' FWL & 1392.3' FNL of Sec. 1 (SE/NW) At top prod. interval reported below At total depth		14. PERMIT NO. DATE ISSUED 4-13-84		12. COUNTY OR PARISH Eddy		13. STATE New Mexico			
15. DATE SPUDDED 6-17-84		16. DATE T.D. REACHED 7-10-84		17. DATE COMPL. (Ready to prod.) 7-21-84		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3197' GR		19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Undesig. - Bone Spring		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 1-21S-27E			
20. TOTAL DEPTH, MD & TVD 5670'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-5670'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5537 - 5560' Bone Spring		25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-CNL; DLL-MSFL; Sidewall Cores			
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					
13-3/8"		48#		575'		17-1/2"		600 sx ClC		400 sx ClC					
8-5/8"		24#		2495'		11"		2000 sx Pacesetter Lite;		700 sx ClC Neat					
5-1/2"		14, 15.5#		5661'		7-7/8"		1215 sx ClC							
29. LINER RECORD		30. TUBING RECORD													
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-7/8"		5300'		5300'	
31. PERFORATION RECORD (Interval, size and number) Perf 5537 - 5560 w/ 96 shots		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.													
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED													
5537 - 5560		2500 gals 15% HCl													
		20,000 gals YFCO ₂ , 28,700#													
		20-40 mesh sand													
33.* PRODUCTION															
DATE FIRST PRODUCTION 7-19-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing								WELL STATUS (Producing or shut-in) Producing					
DATE OF TEST 7-25-84		HOURS TESTED 24		CHOKE SIZE 20/64"		PROD'N. FOR TEST PERIOD →		OIL—BBL. 235		GAS—MCF. 235		WATER—BBL. 4		GAS-OIL RATIO 1117	
FLOW. TUBING PRESS. 215		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF. 235		WATER—BBL.		OIL GRAVITY-API (CORR.) 45			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Flared		AUG 3 1984								TEST WITNESSED BY					
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct and taken from all available records															
SIGNED [Signature]		TITLE Unit Head								DATE 7-30-84					

*(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.		
Bone Spring	5402'		limestone, shale		
			NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Delaware Sand Bone Spring	2804 5402	