

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See 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. RESVR. ☐	Other ☐														
2. NAME OF OPERATOR		Exxon Corporation																			
3. ADDRESS OF OPERATOR		Box 1600 Midland, TX 79702																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 2310' FSL and 1980' FEL																			
At top prod. interval reported below																					
At total depth																					
14. PERMIT NO.		DATE ISSUED																			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD													
9/7/80		12/29/80		1/16/81		3013 GR															
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVAL DEPTH		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*													
13690		12600						12104 - 12116 2SPF													
26. TYPE ELECTRIC AND OTHER LOGS RUN		FDC - CNL/GR - DLL - MicroSFL/GR					27. WAS WELL CORED		28. WAS DIRECTIONAL SURVEY MADE												
29. CASING RECORD (Report all strings set in well)		30. TUBING RECORD					31. PERFORATION RECORD (Interval, size and number)														
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION					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 records					37. SIGNED														
38. DATE FIRST PRODUCTION		39. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		40. WELL STATUS (Producing or shut-in)		41. DATE OF TEST		42. HOURS TESTED		43. CHOKER SIZE		44. PROD'N. FOR TEST PERIOD		45. OIL—BBL.		46. GAS—MCF.		47. WATER—BBL.		48. GAS-OIL RATIO	
1/16/81		Flow		SI		*1/20/81															
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)		ACCEPTED FOR RECORD		TEST WITNESSED BY		DATE			
12104-12116 2 SPF																FEB 11 1981		U.S. GEOLOGICAL SURVEY		ROSWELL, NEW MEXICO	

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

*(See Reverse)

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.)

4 PT test, SITP, 6785. End of 1st rate 2/64" ck, 1" plate TP 6115#, 552 MCF.

End of 2nd rate 3/64 ck, 1" plate TP 5317, 739 MCF

End of 3rd rate 4/64 ck, 1" plate, TP 5305, 940 MCF

End of 4th rate 5.5/64 ck, 1" plate, TP 4700, 1210 MCF, 500# back pressure, not enough fluid to measure

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pennsylvanian	11390	11586		Pennsylvanian	11390	11390
Strawn	11586	11780		Strawn	11586	11586
Atoka	11780	12612		Atoka	11780	11780
Morrow	12612	13690		Morrow	12612	12612