

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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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 ☐	5. LEASE DESIGNATION AND SERIAL NO.		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐	
2. NAME OF OPERATOR						6. F INDIAN, ALLOTTEE OR TRIBE NAME		
Exxon Corporation						---		
3. ADDRESS OF OPERATOR						7. UNIT AGREEMENT NAME		
P. O. Box 1600, Midland, TX 79702						---		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						8. FARM OR LEASE NAME		
At surface 1980' FNL and 660' FEL of Section						Poche Federal		
At top prod. interval reported below						9. WELL NO.		
At total depth						1		
14. PERMIT NO.				DATE ISSUED		10. FIELD AND POOL, OR WILDCAT		
				3-14-83		Wildcat - <i>Bar Spine</i>		
15. DATE SPUDDED				16. DATE T.D. REACHED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA		
2-24-83		3-7-84		P & A 7-21-84		Sec. 11 - 24S - 29E		
18. ELEVATIONS (DF, REB, RT, GR, ETC.)*				19. ELEV. CASINGHEAD		12. COUNTY OR PARISH		
3084' GR						Eddy		
20. TOTAL DEPTH, MD & TVD				21. PLUG, BACK T.D., MD & TVD		13. STATE		
7102						New Mexico		
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY		
						0 - 7102		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE		
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26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED		
LDT-CNL, DLL-MSFL, BHC						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#	630'	17-1/2"	3000 sx lite; 200 sx ClC				
8-5/8"	24	3171	11"	600 sx lite; 300 sx ClC				
5-1/2"	17	7075	7-7/8"	650 sx Trinity; 200 sx ClC	2660'			
29. LINER RECORD				30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED							
6780 - 6828 w/ 32 shots	1500 gals. 15% HCl; 48,000 gals. foam, 51,000# sd.							
6780 - 6819 w/ 26 shots	300 sx cement (drill out)							
6582 - 6616 w/ 18 shots	1500 gals. 15% HCl							
5968 - 6004 w/ 19 shots (2 times)								
5836 - 5846 w/ 11 shots (2 times)								
33. PRODUCTION (See Attached)				WELL STATUS (Producing or shut-in)				
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)						
DATE OF TEST		HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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								
SIGNED <i>Melba Kripling</i> TITLE Unit Head DATE 8-30-84								

* (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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
		Delaware Bone Spring	3268 6965	