

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 P.O. Box 1600, Midland, Texas 79702							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1780' FSL & 1980' FEL of Section At top prod. interval reported below At total depth							
14. PERMIT NO. ARTESIA, NM DATE ISSUED MAR 02 1984							
15. DATE SPUDDED 11-3-83				16. DATE T.D. REACHED 11-24-83		17. DATE COMPL. (Ready to prod.) Dry Hole	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2992' GR				19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 7000'		21. PLUG, BACK T.D., MD & TVD Surface		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-7000	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* ---						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL; MLL; Spectrolog						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"	54.5#	602'	17 1/2"	700 sx BJ Lite; 330 sx CLC			
8 5/8"	24.0#	2944'	11"	1150 sx CLC			
5 1/2"	17.0#	6999'	7 7/8"	1900 sx CLC			
tool @ 4474'							
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.			
5505-5535 w/33 shots 6482-6496 w/60 shots				DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED			
				5505-5535 1900 gals 15% HCl			
				32000 gals 75% foam, 34000# sand			
				6482-6496 26000 gals 75% foam, 24000# sand (over)			
33.* PRODUCTION							
DATE FIRST PRODUCTION 12-13-83		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.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS						ACCEPTED FOR RECORD PETER W. CHESTER FEB 29 1984	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>Melba Knippling</i>		TITLE Unit Head		DATE January 9, 1984			

*(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.

tion and data 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.), formations, and pressure tests, and directional surveys, 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 23: 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 reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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 27: *Success Contact* : 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.)

IBP @ 64/0 top w/35' emt.
Circ 200 sx down 5 1/2" up to surface through perfs @ 660'

IPB @ 5480 top w/35' cmt.
Cut off wellhead & install dry hole marker

erf 5 1/2" w/2 sh~~66~~s @ 660'

Aug @ 4424-4524 w/20 sx

Aug @ 2894-2994 w/20 sx

27. SUMMARY OF POROUS ZONES :

38. **GEOLOGIC MARKERS**
IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF;
CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING
CORED INTERVALS, AND SHUT-IN PRESSURES, AND RECOVERIES
DEATH INTERVAL TESTED, CUSHION I SED, TIME TOGET OPEN, FLOWING
DEATH INTERVAL TESTED, CUSHION I SED, TIME TOGET OPEN, FLOWING

TOP FORMATION	TOP BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP

[illegible][illegible]

1. The first part of the document is a list of names and their corresponding dates of birth. The names are listed in a column on the left, and the dates are listed in a column on the right. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1980, 1985, and 1990.

Delaware 29422

bone spring 66/2

1

[illegible]

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-483636

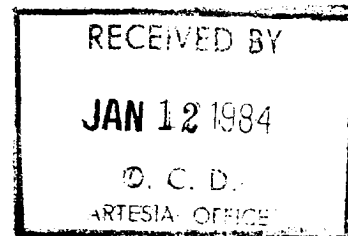
EXXON COMPANY, U.S.A.

POST OFFICE BOX 10488 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION
SOUTHERN DRILLING ORGANIZATION

E. W. THOMAS, Manager

W. F. BURCHARD, Operations Superintendent
K. S. ROSE, Operations Superintendent
M. C. WELBORN, Operations Superintendent
J. D. HOWELL, Engineering Manager



Nov. 30, 1983

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON BLAKEMORE FEDERAL NO. 1 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>	<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
335	3/4	3542	1
600	3/4	3730	1 3/4
735	1/2	3920	3/4
953	1	4109	3/4
1047	1	4300	1 3/4
1424	3/4	4485	1 3/4
1611	1/2	4642	1 1/4
1679	1/2	4952	1 3/4
1801	3/4	5170	1 3/4
2112	2 3/4	5455	2
2146	2 3/4	5519	1 1/4
2209	2 1/4	5581	2
2270	1 3/4	5611	1
2332	1	5642	1
2395	1 1/2	5705	3/4
2459	1 1/4	5768	1
2550	1	5985	1
2645	3/4	6174	1 1/4
2740	1	6360	3/4
2945	3/4	6550	1
3105	1 1/4	6862	1 1/4
3290	3/4	7000	1

BY P. K. Mendenhall

SWORN TO and subscribed before me this 30th day of November 1983.

Linda S. Jones

Notary Public
Midland, Texas

My commission expires: 9 November 1985