Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

BUREAU OF LAND MANAGEMENT RECEIVED OCT 7 1983 ROSWELL DIST. 6 N. M. ROSWELL, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.: NM-15303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [X] DEEP-EN [ ] PLUG BACK [X] DIFF. RESVR. [X] Other

7. UNIT AGREEMENT NAME: Corral Draw Unit

8. FARM OR LEASE NAME:

2. NAME OF OPERATOR: Mobil Producing TX. & N.M. Inc.

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

10. FIELD AND POOL, OR WILDCAT: Wildcat (~~Cherry Canyon~~)

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements.**)
At surface 1980' FSL & 1980' FWL, Sec. 14, T 25S, R29E

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

At top prod. interval reported below Same as surface

At total depth Same as surface

Sec. 14, T 25S, R 29E

RECEIVED OCT 19 1983 O. C. D. ARTESIA, OFFICE

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Eddy	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7/21/83	---	9/29/83	3101' GR	3101' GR

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
15585	5260		→	0-15585	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5215-5235 Cherry Canyon

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

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
20	94#	345	26	ORIGINAL CASING	
13-3/8	61#	3240	17-1/2	UNDISTURBED	
9-5/8	43.5#	11100	12-1/4		
			8-1/2		

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
7	10885	14414		

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8	MA @ 5234	SN @ 5200

31. PERFORATION RECORD (*Interval, size and number*)

Perf 4 holes @ 5272
Perf 4 holes @ 5187
Perf w/1 JSPF @ 5215-5235 (21 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
13402-13621	cmt sqz perfs w/50x H
13245-13295	cmt ret @ 13295 w/10x cmt cap
10835-10935	27x cmt plug
8235-8335	30x cmt plug --SEE REVERSE --

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
8/16/83	2 x 1-1/2 x 16 Pump	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/10/83	24			22	19	85	882

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
						38.1 @ 60

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)
used for fuel

ACCEPTED FOR RECORD

TEST WITNESSED BY: T. J. Auld

35. LIST OF ATTACHMENTS
Form 9-331

OCT 18 1983

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Paula A. Collins TITLE Authorized Agent DATE 10/12/83

ROSWELL, NEW MEXICO

*(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.)

#32. (continued from front)

5735-5835	30x cmt plug	5215-5235	Frac w/2500 gals 7-1/2% NE HCl acid + 1000 SCF N2/bbl.
5260	RBP		Frac w/13000 gals gelled 10# BW pad, 11,000 gals 30% Quality
5272	sqz perfs w/75x C cmt		foam + 13,200# 20/40 sd.
5187	sqz perfs w/150x C cmt		

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Salado	553	
Carlile	1631	
Lamar	3237	
Bell Canyon	3264	
Cherry Canyon	4368	
Brushy Canyon	5734	
Bone Spring	7018	
Dean	9793	
Upper Wolfcamp	10234	
Lower Wolfcamp	11486	
Strawn	12620	
Atoka	12872	
Morrow	13380	
Chester	14342	
Mississippian	15052	
Woodford	15284	

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

RECEIVED
OCT 17 1983
O. C. D.
ARTESIA, OFFICE

I.

Operator
Mobil Producing TX. & N.M. Inc.

Address
Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

Reason(s) for filing *(Check proper box)*

New Well	☐	Change in Transporter of:			
Recompletion	☒	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Corral Draw Unit	1	Wildcat (Cherry Canyon)	State, Federal or Fee Federal	NM-15303

Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 14 Township 25S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Permian Corporation, The	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
NONE	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	14	25S	29E	used for fuel	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X		X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/21/83	9/29/83	15585	5260
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3101 GR	~~Cherry Canyon~~	4368	5234
Perforations			**Depth Casing Shoe**
5215-5235, 1 JSPF, 21 holes			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26	20	345	650
17-1/2	13-3/8	3240	1900
12-1/4	9-5/8	11100	300
8-1/2	7" Liner	14414	1200

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8/16/83	10/10/83	Pumping 2 x 1-1/2 x 16	Post ED-2 10-21-83, Comp. Pool.
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
710 BNO	22	85	19

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Paula A. Collins
(Signature)
Authorized Agent
(Title)
10/12/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 20 1983, 19 _____
BY Original Signed By Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply