

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 22628			
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. INDIAN ALLOTTEE OR TRIBE NAME			
2. NAME OF OPERATOR Exxon Corporation ✓				7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR P.O. Box 1600 Midland, TX 79702				8. FARM OR LEASE NAME Milepost Fed. Com #2			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FEL and 660' FNL At top prod. interval reported below At total depth				9. WELL NO. 1			
14. PERMIT NO.				DATE ISSUED JAN 23 1981		10. FIELD AND POOL, OR WILDCAT Undesignated, Morrow	
15. DATE SPUDDED 7/12/80				16. DATE T.D. REACHED 8/21/80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 31, T26S, R26E	
17. DATE COMPL. (Ready to prod.) Dry				18. ELEVATIONS (DF, RESB, RT, GR, ETC.)* 3537 KB		12. COUNTY OR PARISH NM	
20. TOTAL DEPTH, MD & TVD 11,400		21. PLUG BACK T.D., MD & TVD 10,750		22. IF MULTIPLE COMPL., HOW MANY* No		19. ELEV. CASINGHEAD —	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 10,510 - 10,692 10,380 - 10,400 10,350 - 10,370 - 2 SPF						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC/GR, DLL/GR, HDT/CST						27. WAS WELL CORED Sidewall	
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8		48		430		17 1/2	
8 5/8		32		5135		12 1/4	
5 1/2		20, 17, 15.5		10747		7 7/8	
CEMENTING RECORD		AMOUNT PULLED					
450 sx 115 sx. circ.		5295' (133 jts.)					
2450 sx 250 sx. circ.							
1050 sx							
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.			
10350 - 10370 2 SPF				DEPTH INTERVAL (MD)			
10380 - 10400 2 SPF				AMOUNT AND KIND OF MATERIAL USED			
10510 - 10692 2 SPF				10510 - 10692 Acid 5500 gal. 7 1/2% MSR - 100			
				Frac. 40,000 gal. well YF4C			
				13,000# of 100 mesh sd. and			
				55,000# 20-40 sd.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Dry Hole P&A 1/4/81					
DATE OF TEST		HOURS TESTED		CHOSE SIZE		PROD'N. FOR TEST PERIOD	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—PBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				35. LIST OF ATTACHMENTS			
56. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		TITLE		DATE			
A. J. Kline		Sr. Administrator		1-19-81			

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

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. It is to be submitted 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 23.

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 23: 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: "Seal 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Bone Spring	5052	7548	
Dean	7548	8024	
Wolfcamp	8024	8892	
Pennsylvanian	8892	9177	
Strawn	9177	9500	
Derry	9500	9750	
Morrow Lime	9750	10414	
Morrow Clastics	10414	11400	
Attempted DST #1 from 10360 - 10750 - Pkr. failed			
Attempted DST #2 from 10305 - 10750 - Pkr. failed			
Attempted 20 sidewall cores - no recovery			

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Bone Spring	5052	5052
Dean	7548	7548
Wolfcamp	8024	8024
Penn	8892	8892
Strawn	9177	9177
Derry	9500	9500
Morrow Lime	9750	9750
Morrow Clastics	10414	10414