

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☒ GAS WELL ☐ DEY ☒		Other RECEIVED BY		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐		Other JUN 21 1984		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		Exxon Corporation		O. C. D.		Shewell Federal	
3. ADDRESS OF OPERATOR		P.O. Box 1600, Midland, Texas 79702		ARTESIA OFFICE		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 660' FNL & 660' FEL of Sec. 10				1	
At top prod. interval reported below						10. FIELD AND POOL, OR WILDCAT	
At total depth						Wildcat (Delaware)	
						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
						Sec. 10, 26S, 26E	
						12. COUNTY OR PARISH	
						Eddy	
						13. STATE	
						New Mexico	
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	
4-26-83		5-12-83		P&A 5-30-84		3345 GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
5500'						0-5500	
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						27. WAS WELL CORED	
DLL-MSFL; LDT-CNL; EPT; FLT; NGT; HDT						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8				633'		17 1/2"	
8 5/8"		24, 32		1726'		11"	
5 1/2"				5500'		7 7/8"	
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.	
5292-5383 w/22 shots						DEPTH INTERVAL (MD)	
3551-3602 w/30 shots						AMOUNT AND KIND OF MATERIAL USED	
1926-1950 w/25 shots						5292-5383	
						2500 gals 15% HCl	
						48000 gals foam, 51,000# sand	
						5250'	
						CIBP, cap w/35' cement	
						3551-3602	
						3500 gals 15% HCl	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)			
5-22-83							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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.)						JUN 19 1984	
						TEST WITNESSED BY	
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 Knippling</i>		TITLE Unit Head		DATE			

*** (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	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Delaware Bone Spring	1850 5422	

Shewell Federal

#32

3551-3602' 32,000 gals foam, 6400 gals gelled diesel, 34,000# sand

3500 CIBP cmtd w/35'

1926-1950' 2000 gals 15% HCl

1601-1926 Spot plug w/35 sx C1C

690' Perf. CSg w/2 shots. Circ. 220 sx C1C cement through
5 1/2" x 8 5/8" csg. Circ. 15 sx to pit. Cut off
wellhead. Install dry hole marker.