

UNITED STATES P. O. BOX 1980  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-16353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

\*Allen Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT  
Wildcat-Bone Spring; Undesig.  
Double X-Delaware

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

Sec. 28-24S-32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 1980' FNL and 1980' FEL of Section 28

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED  
6-3-83

15. DATE SPUDDED 7-29-83  
16. DATE T.D. REACHED 8-28-83  
17. DATE COMPL. (Ready to prod.) Dry

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 3540' GR  
20. TOTAL DEPTH, MD & TVD 8710'

21. PLUG, BACK T.D., MD & TVD  
22. IF MULTIPLE COMPL., HOW MANY\*  
23. INTERVALS DRILLED BY  
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
P & A

25. WAS DIRECTIONAL SURVEY MADE  
No

26. TYPE ELECTRIC AND OTHER LOGS RUN  
CNDL; Dipmeter; EPT; DLL; CNL

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            | 642'           | 17 1/2    | 340 sx BJ Lite; 300 sx C1  | C             |
| 8 5/8       | 24.32           | 4675'          | 11        | 1700 sx BJ Lite; 400 sx C1 | C             |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|------|----------|-------------|---------------|-------------|
|      |          |             |               |             |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------------|-----------------|
|      |                |                 |

31. PERFORATION RECORD (Interval, size and number)

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
|                     |                                  |

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
|                     |                                  |

33.\* PRODUCTION

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.) 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 Melba Knippling TITLE Unit Head DATE September 8, 1983

ACCEPTED FOR RECORD

SEP 12 1983

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

ROSWELL, NEW MEXICO

\*Name changed from Allen Federal "B" #1 per NMOCC regulations.

# 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.)

| FORMATION  | TOP | DESCRIPTION, CONTENTS, ETC. | BOTTOM | GEOLOGIC MARKERS |                  |
|--|-----|-----------------------------|--------|------------------|------------------|
|  |     |                             |        | NAME             | MEAS. DEPTH      |
|  |     |                             |        |                  | TRUE VERT. DEPTH |
| 37. SUMMARY OF POROUS ZONES:<br>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.              |                  |

RECEIVED  
SEP 14 1983  
O. C. D.  
HOBBS OFFICE