

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL & GAS COMB. DIST. OFFICE
Artesia, NM 88210
(See instructions 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. RESV. ☐ Other _____2. NAME OF OPERATOR
Exxon Corporation3. ADDRESS OF OPERATOR
Box 1600, Midland, TX 797024. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FSL and 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 10-28-81 16. DATE T.D. REACHED 11-6-81 17. DATE COMPL. (Ready to prod.) 11-29-81 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* GR 4194 19. ELEV. CASINGHEAD ---

20. TOTAL DEPTH, MD & TVD 4298 21. PLUG, BACK T.D., MD & TVD 3897 22. IF MULTIPLE COMPL., HOW MANY* No 23. INTERVALS DRILLED BY --- 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3646 - 3798 San Andres 25. WAS DIRECTIONAL SURVEY MADE ---

26. TYPE ELECTRIC AND OTHER LOGS RUN DLL, C & L FDC, GR, FMT 27. WAS WELL CORED No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24#	1330	12-1/4	850 SX	
5-1/2	14#	4203	7-7/8	1650 SX	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8	3840	None

31. PERFORATION RECORD (Interval, size and number)

3646 - 3798 58 shots

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3646 - 3798	Acidize w/10,000 gal 20% acid

PRODUCTION							
33.* DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11-17-81		Pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-2-81	24	Pump	→	100	not measured	15	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL-GRAVITY-API (CORR.)	
---	---	→	100	not measured	15	21.7	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						Randy Gandy	
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

L. F. Lowe

TITLE

Sr. Administrator

DATE 12-4-81

*(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.), formations 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. 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	NAME	MEAS. DEPTH	TRUE TEST. DEPTH
Yates	1770	1868	Yates	1770	1770
Seven Rivers	1868	2542	Seven Rivers	1868	1868
Queen Gray Burg	2542	2943	Queen Gray Burg	2542	2542
San Andres	2943	4130	San Andres	2943	2943
Glorieta	4130	4298	Glorieta	4130	4130
		T.D.			