

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
A-4096

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input checked="" type="checkbox"/> OTHER _____		8. Farm or Lease Name New Mexico "DD" State	
2. Name of Operator Exxon Corporation		9. Well No. 3	
3. Address of Operator Box 1600, Midland, TX 79702		10. Field and Pool, or Wildcat Scharb Bone Spring	
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> <u>1947</u> FEET FROM East <u>4</u> <u>19S</u> <u>35E</u>		12. County Lea	
15. Date Spudded 9-9-82	16. Date T.D. Reached 10-10-82	17. Date Compl. (Ready to Prod.) 4-26-83	18. Elevations (DF, RKB, RT, GR, etc.) 3906
20. Total Depth 10,800	21. Plug Back T.D. 10,270	22. If Multiple Compl., How Many No	23. Intervals Drilled By Rotary Tools 0-10,800 Cable Tools -
24. Producing Interval(s), of this completion - Top, Bottom, Name 9701 - 10,082 71 shots			25. Was Directional Survey Made --
26. Type Electric and Other Logs Run CNL, CAL, GR, DIFL, SP Prolog			27. Was Well Cored No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
13 3/8	54	410	17 1/2
8 5/8	32	4003	12 1/4
5 1/2	15.5, 17	10,413	7 7/8
			CEMENTING RECORD
			350
			2750
			1400
29. LINER RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT
			SCREEN
			2 7/8
			DEPTH SET
			9102
			PACKER SET
			9102
31. Perforation Record (Interval, size and number) 9701 - 10,082 71 shots		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL	
		AMOUNT AND KIND MATERIAL USED	
		CIBP set at 10,300 w/30' cement on top	
		9701 - 10,082 Natural	
33. PRODUCTION			
Date First Production 4-26-83	Production Method (Flowing, gas lift, pumping - Size and type pump) Pump		Well Status (Prod. or Shut-in) Prod.
Date of Test 5-13-83	Hours Tested 24	Choke Size -	Prod'n. For Test Period Oil - Bbl. 132 Gas - MCF 208 Water - Bbl. 3 Gas - Oil Ratio 1574
Flow Tubing Press. -	Casing Pressure -	Calculated 24-Hour Rate Oil - Bbl. 132 Gas - MCF 208 Water - Bbl. 3 Oil Gravity - API (Corr.) 35.4	
34. Disposition of Gas (Solid, used for fuel, vented, etc.) Sold - Warren Petroleum Corp.			Test Witnessed By
35. List of Attachments -			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED <u>D. F. Louie</u>		TITLE <u>Sr. Administrator</u> DATE <u>5-19-83</u>	

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen 4522	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres 5072	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Glinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs 7800	T. Wingate _____	T. _____
T. Wolfcamp 10,402	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____	No. 4, from _____ to _____
No. 2, from _____ to _____	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet _____
No. 2, from _____ to _____ feet _____
No. 3, from _____ to _____ feet _____
No. 4, from _____ to _____ feet _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	410	410	Surface	9,573	9,768	195	Sandstone
410	685	275	Red Bed Shale	9,768	9,960	192	Shale, Sandstone
685	1,758	1,073	Red Bed	9,960	10,356	396	Shale
1,758	3,113	1,355	Rustler/Anhydrite	10,356	10,575	219	Wolfcamp, Dolo., Shale
3,113	3,450	337	Shale, Salt, Yates	10,575	10,705	130	Wolfcamp, Dolo., IM., Shale
3,450	3,746	296	Shale, Salt, Seven Rivers	10,705	10,800	95	Shale
3,746	4,015	269	Shale, Seven Rivers		10,800	TD	
4,015	4,645	630	Sand, Shale, Dolomite				
4,645	5,146	501	Dolo., Anhy., San Andres				
5,146	5,540	394	Anhy., Dolo., Sand				
5,540	6,591	1,051	Delaware				
6,591	7,504	913	San Andres, Dolo.				
7,504	8,001	497	Bone Spring, IM.				
8,001	8,607	606	Bone Spring, IM., Shale				
8,607	8,781	174	IM Shale				
8,781	9,011	230	Shale				
9,011	9,272	261	Sandstone, Lime				
9,272	9,573	301	Chert, Limestone, Shale				

RECEIVED
MAY 24 1983
O.C.D.
HOBBS OFFICE

NO. OF TOWNS OWNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corporation	
Address P.O. Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Coasthead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DD" State	Well No. 3	Pool Name, including Formation Sharb Bone Springs	Kind of Lease State, JOINT INTEREST A-4096	Lease N
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1947'</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Coasthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>4</u> Twp. <u>19</u> Rge. <u>35</u>	Is gas actually connected? <u>Yes</u> When <u>4-26-83</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Res <input checked="" type="checkbox"/>		
Date Spudded 9-9-82	Date Compl. Ready to Prod. 4-26-83	Total Depth 10,800'	P.S.T.D. 10,270
Elevations (DF, RKB, RT, GR, etc.) 3906' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 9701'	Tubing Depth 9102
Perforations 9701 - 10,082 71 shots			Depth Casing Shoe 10,413
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	410'	350
12 1/4"	8 5/8"	4003'	2750
7 7/8"	5 1/2"	10,413'	1400
	2 7/8"	9102	

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-26-83	Date of Test 5-13-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 135	Oil - Bbls. 132	Water - Bbls. 3	Gas - MCF 208

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Sr. Administrator

5-19-83

OIL CONSERVATION DIVISION

APPROVED MAY 31 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

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 deviated
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditio

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

