Submit to Appropriate
District Office
State Lease--6 copies
Fee Lease--5 copies

State of New Mexico Energy, Minerals, and Natural Resources Department

Form C-105 Revised 1-1-89

Fee Lease--5 copies OIL CONSERVATION DIVISION WELL API NO. DISTRICT I 3002531811 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 . Indicate Type of Lease Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 STATE FEE X 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 WELL COMPLETION OR RECOMPLETION REPORT AND LOG la. Type of Well: 7. Lease Name or Unit Agreement Name GAS WELL X DRYX OIL WELL OTHER. **EUMONT GAS COM NO. 1** b. Type of Completion: NEW X OTHER. 8. Well No. 2. Name of Operator **EXXON CORPORATION** 3 ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702 3. Address of Operator 9. Pool name or Wildcat EUMONT YATES 7 RYRS QN (PRO GAS) 4. Well Location 1780 Feet From The ____ Unit Letter N : 660 Feet From The SOUTH _ Line and ____ WEST Range 37E Section 4 Township 20S NMPM LEA 10. Date Spudded 12. Date Compl.(Ready to Prod.) 11. Date T.D. Reached 13. Elevations (DF & RKB, RT, GR, etc.) 14. Elev. Casinghead 02/26/93 03/10/93 02/20/93 3557 GR 17. If Multiple Compl. How 15. Total Depth 16. Plug Back T.D. 18 Intervals Rotary Tools Cable Tools 3650 Many Zones? Dnilled By Х 19. Producing Interval(s), of this completion - Top, Bottom, Name 20. Was Directional Survey Made 3298 TO 3547 SEVEN RIVERS QUEEN (PRO GAS) Y 21. Type Electric and Other Logs Run 22. Was Well Cored COMP NEUTRON GAMMA RAY COLLAR LOG NO CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT LB. FT. DEPTH SET HOLE SIZE CEMENTING RECORD AMOUNT PULLED 8 5/8 24,32 403 12 1/4 360 SX CLASS C 4 1/2 11.5 7 7/8 900 SX CLASS C 3643 24. 25 TUBING RECORD LINER RECORD SIZE TOP BOTTOM SACKS CEMENT SCREEN SIZE DEPTH SET PACKER SET 2 3/8 3267 3267 26. Perforation record (interval, size, and number) 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. PERF 3298 TO 3547 3.125 RETRIEVABLE DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED HOLLOW STEEL CARRIE GUN 3298-3547 52000 GALS OT ACID, FRAC W/12/20 SAND, 10000 GALS FLUID **PRODUCTION** Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in) 03/10/93 FLOWING SHUT IN Date of Test Hours Tested Gas - Oil Ratio Choke Size Prod'n For Oil - Bhl Gas - MCF Water - Bbl. 03/17/93 33/64 Test Period 24 0 1020 Flow Tubing Press. Casing Pressure Calculated 24-Oil - API - (Corr.) Gas - MCF Water - Bbl. Hour Rate 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By 30. List Attachments LOGS 31. 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 ason B Timber Printed Name Sharon B. Timlin ______TitleSr.Staff Office Assistant 03/22

(915) 688-6166

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 25 through 29 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

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