Submit to Appropriate District Office

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

Form C-105 Revised 1-1-89

State Lease--6 copies Fee Lease--5 copies WELL API NO. OIL CONSERVATION DIVISION 3002504826 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 5. Indicate Type of Lease Santa Fe, New Mexico 87504-2088 STATE X FEE P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. B 935 1000 Rio Brazos Rd., Aztec, NM 87410 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 7. Lease Name or Unit Agreement Name la. Type of Well: DRY X GAS WELL OIL WELL **OTHER EUMONT GAS COM 2** CORRECTED b. Type of Completion: DIFF NEW OTHER DEEPEN L WELL 8. Well No. 2. Name of Operator **EXXON CORPORATION** 3 ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702 9. Pool name or Wildcat 3. Address of Operator EUMONT YATES 7 RVRS QN (PRO GAS) 4. Well Location WEST 1980 __ Line _ Feet From The ___ SOUTH Unit Letter N : 660 Feet From The ___ _ Line and _ County LEA NMPM Range 36E Township 21S Section 29 14. Elev. Casinghead 13. Elevations (DF & RKB, RT, GR, etc.) 12. Date Compl. (Ready to Prod.) 11. Date T.D. Reached 10. Date Spudded 3620GR 01/29/94 01/13/94 17. If Multiple Compl. How 18. Intervals Cable Tools Rotary Tools 16. Plug Back T.D. 15. Total Depth Drilled By Many Zones? X 3551 3990 20. Was Directional Survey Made 19. Producing Interval(s), of this completion - Top, Bottom, Name 3628-3640 3192-3492 22. Was Well Cored 21. Type Electric and Other Logs Run CASING RECORD (Report all strings set in well) CEMENTING RECORD AMOUNT PULLED HOLE SIZE WEIGHT LB. FT. **DEPTH SET** CASING SIZE 200 SX 311 8 5/8 1800 SX 3990 5 1/2 TUBING RECORD 24. LINER RECORD PACKER SET DEPTH SET **SCREEN** SIZE SACKS CEMENT TOP BOTTOM SIZE 3872 2 3/8 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 26. Perforation record (interval, size, and number) AMOUNT AND KIND MATERIAL USED DEPTH INTERVAL 3628-3640 ACIDZE W/4500 15% HCL 3291-3492 3192-3848 **PRODUCTION** Well Status (Prod. or Shut-in) Production Method (Flowing, gas lift, pumping - Size and type pump) Date First Production PROD FLOWING 04/18/94 Gas - Oil Ratio Water - Bbl. Gas - MCF Oil - Bbl. Prod'n For Choke Size Date of Test Hours Tested 99999 510 Test Period 04/20/94 24 Oil - API - (Corr.) Water - Bbl. Gas - MCF Casing Pressure Calculated 24 Flow Tubing Press. Hour Rate Test Witnessed By 29. Disposition of Gas (Sold, used for fuel, vented, etc.) 30. List Attachments 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 Signature Abron B. Jumliu Printed Name Sharon B. Timlin __ TitleSr.Staff Office Assistant 07/12/94 (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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Southeastern New Mexico

Northwestern New Mexico

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