

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

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>3002506472</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-935</b>

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		7. Lease Name or Unit Agreement Name <b>NEW MEXICO V STATE</b>		
b. Type of Completion: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER _____				
2. Name of Operator <b>EXXON CORPORATION</b>		8. Well No. <b>10</b>		
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>		9. Pool name or Wildcat <b>HARE-SAN ANDRES GAS POOL</b>		
4. Well Location Unit Letter <b>M</b> : <b>560</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>10</b> Township <b>21S</b> Range <b>37E</b> NMPM <b>LEA</b> County				
10. Date Spudded <b>01/26/93</b>	11. Date T.D. Reached	12. Date Compl. (Ready to Prod.) <b>02/08/93</b>	13. Elevations (DF & RKB, RT, GR, etc.) <b>3458GR</b>	14. Elev. Casinghead
15. Total Depth <b>7939</b>	16. Plug Back T.D. <b>5065</b>	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools Cable Tools	
19. Producing Interval(s), of this completion - Top, Bottom, Name <b>4066 TO 4353 SAN ANDRES</b>				20. Was Directional Survey Made
21. Type Electric and Other Logs Run				22. Was Well Cored

**CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4	40.5	342	17 1/4	375SX	
7 5/8	26.4	3104	11	1000SX	
5 1/2	15.5, 17	7939	6 3/4	450 SX	

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	3995	3995

26. Perforation record (interval, size, and number) SET CIBP @ 6400 DUMP 35' CMT ON TOP PERF 5157- 5192 36 SHOTS 4" GUN SET CIBP @ 5100 DUMP 35' CMT ON TOP PER 4066 TO 4353 92 SHOTS 4" GUN				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 4066 - 4353 3864 GALS OT ACID 5157-5192 3024 GALS OT ACID			
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<b>28. PRODUCTION</b>							
Date First Production <b>02/09/93</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>FLOWING</b>				Well Status (Prod. or Shut-in) <b>PROD</b>	
Date of Test <b>02/15/93</b>	Hours Tested <b>24</b>	Choke Size <b>20/64</b>	Prod'n For Test Period	Oil - Bbl. <b>11</b>	Gas - MCF <b>742</b>	Water - Bbl. <b>211</b>	Gas - Oil Ratio <b>67455</b>
Flow Tubing Press. <b>590</b>	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil - API - (Corr.) <b>31.6°</b>	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>SOLD</b>	Test Witnessed By
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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 Sharon B. Timlin Printed Name Sharon B. Timlin Title Sr. Staff Office Assistant Date 02/26/93  
(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

## 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 _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo _____	T. _____	T. Wingate _____	T. _____
T. Wolfcamp _____	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. 2, from ..... to .....

No. 3, from ..... to .....

No. 4, 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 .....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology

From	To	Thickness in Feet	Lithology