

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

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

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

Form C-105  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO.

**3002520706**

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**FEE**

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 ☐

DEEPEN ☐

PLUG  
BACK ☒

DIFF  
RESVR ☐

OTHER \_\_\_\_\_

2. Name of Operator

**EXXON CORPORATION**

3. Address of Operator

**ATTN: REGULATORY AFFAIRS ML#14  
P. O. BOX 1600  
MIDLAND, TX 79702**

7. Lease Name or Unit Agreement Name

**JOHN D KNOX**

8. Well No.

**12**

9. Pool name or Wildcat

**EUMONT YATES 7 RVRS QN (PRO GAS)**

4. Well Location

Unit Letter **O** : **990** Feet From The **SOUTH** Line and **1652** Feet From The **EAST** Line  
Section **10** Township **21S** Range **36E** NMPM **LEA** County

10. Date Spudded

**NA**

11. Date T.D. Reached

12. Date Compl. (Ready to Prod.)

**11/12/95**

13. Elevations (DF & RKB, RT, GR, etc.)

**3583 DF**

14. Elev. Casinghead

15. Total Depth

**6020**

16. Plug Back T.D.

**5803**

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

**2778-2979 YATES; 3040-3134, 3210-3306 7 RVRS**

20. Was Directional Survey Made

21. Type Electric and Other Logs Run

**NA**

22. Was Well Cored

23.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB.-FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>7-5/8</b>	<b>24</b>	<b>1353'</b>	<b>9-7/8</b>	<b>450</b>	
<b>4-1/2</b>	<b>9.5 &amp; 11</b>	<b>6020</b>	<b>6-3/4</b>	<b>525</b>	

24.

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
<b>2-3/8</b>	<b>3131</b>	

26. Perforation record (interval, size, and number)

**2778-2979 1 SPF 40 HOLES**  
**3040-3134 2 SPF 36 HOLES**  
**3210-3306 1 SPF 30 HOLES**

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL

AMOUNT AND KIND MATERIAL USED

<b>2778-2979</b>	<b>FRAC 40200 GAL+138295# SD</b>
<b>3040-3134</b>	<b>FRAC 20500 GAL+77000# SD</b>
<b>3210-3306</b>	<b>FRAC 18000 GAL+62500# SD</b>

**\*DUMP 3.5 SX CMT TOP OF CIBP @ 5838'**

28.

PRODUCTION

28.

Date First Production <b>11/13/95</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>FLOWING</b>					Well Status ( <i>Prod. or Shut-in</i> ) <b>PROD</b>	
Date of Test <b>11/28/95</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl. <b>0</b>	Gas - MCF <b>754</b>	Water - Bbl. <b>0</b>	Gas - Oil Ratio <b>NA</b>	
Flow Tubing Press. <b>172</b>	Casing Pressure <b>0</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil - API - ( <i>Corr.</i> )		

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

**SOLD**

Test Witnessed By

30. List Attachments

**FORM C-122 MULTIPOINT AND ONE POINT BACK PRESSURE TEST, GAS ANALYSIS**

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

*Julie H. Mitchell*

Printed

Name **Julie H. Mitchell**

Title **Staff Office Assistant**

Date **12/07/95**

## 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

T. Anhy _____	T. Canyon _____
T. Salt _____	T. Strawn _____
B. Salt _____	T. Atoka _____
T. Yates _____	T. Miss _____
T. 7 Rivers _____	T. Devonian _____
T. Queen _____	T. Silurian _____
T. Grayburg _____	T. Montoya _____
T. San Andres _____	T. Simpson _____
T. Glorieta _____	T. McKee _____
T. Paddock _____	T. Ellenburger _____
T. Blinebry _____	T. Gr. Wash _____
T. Tubb _____	T. Delaware Sand _____
T. Drinkard _____	T. Bone Springs _____
T. Abo _____	T. _____
T. Wolfcamp _____	T. _____
T. Penn _____	T. _____
T. Cisco (Bough C) _____	T. _____

## Northwestern New Mexico

T. Ojo Alamo _____	T. Penn. "B" _____
T. Kirtland-Fruitland _____	T. Penn. "C" _____
T. Pictured Cliffs _____	T. Penn. "D" _____
T. Cliff House _____	T. Leadville _____
T. Menefee _____	T. Madison _____
T. Point Lookout _____	T. Elbert _____
T. Mancos _____	T. McCracken _____
T. Gallup _____	T. Ignacio Otzte _____
Base Greenhorn _____	T. Granite _____
T. Dakota _____	T. _____
T. Morrison _____	T. _____
T. Todilto _____	T. _____
T. Entrada _____	T. _____
T. Wingate _____	T. _____
T. Chinle _____	T. _____
T. Permain _____	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