

4625 N. French Dr
Hobbs, NM 88241-1980
District I - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 827-7131

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

Revised (06.99)

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
RESTORATION PROJECT

H-0601

I. Operator and Well:

| | | | | | | | | |
|--|--------------|-----------------|--------------|-----------------------|---------------------------|-----------------------|----------------------------|---------------|
| Operator name & address Exxon Corporation P. O. Box 4358 Houston, TX 77210-4358 | | | | | | | OGRID Number 257097 | |
| Contact Party Nancy Andrews | | | | | | | Phone (713) 431-1405 | |
| Property Name Wantz Federal | | | | | Well Number 2 | | API Number 30-025-29597 | |
| UL 0 | Section 1 | Township 21S | Range 37E | Feet From The 3100 | North/South Line South | Feet From The 2180 | East/West Line East | County Lea |

II. Pool and Production Restoration:

| | |
|--|---|
| Previous Producing Pool(s) (If change in Pools): <u>Drinkard (19190) Currently producing in the Wantz; Abo (62700) See Attached</u> | |
| Date Production Restoration started: November 10, 1999 | Date Well Returned to Production: January 19, 2000 |
| Describe the process used to return the well to production. (Attach additional information if necessary): <u>Recompleted from Drinard to Abo formation (See attached)</u> | |

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:

| | |
|--|---|
| Records Showing Well produced less than 30 days during 24 period: <input type="checkbox"/> Well file record showing that well was plugged <input checked="" type="checkbox"/> ONGARD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report) | Month/Year (Beginning of 24 month period): January 1998 Month/Year (End of 24 month period): December 1999 |
|--|---|

IV. Affidavit:

| | |
|---|---|
| State of <u>Texas</u>) County of <u>Harris</u>) ss. <u>Nancy Andrews</u> , being first duly sworn, upon oath states: 1. I am the Operator, or authorized representative of the Operator, of the above-referenced Well. 2. I have personal knowledge of the facts contained in this Application. 3. This application is complete and correct. | |
| Signature <u>Nancy Andrews</u> SUBSCRIBED AND sworn to before me this <u>June</u> day of <u>2000</u> | Title <u>Controls Analyst</u> Date <u>6/30/00</u> <u>Linda D. Gould</u> Notary Public My Commission Expires 07-18-02 |

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 2000

| | | |
|---|--------------------------|-------------------------|
| Signature District Supervisor <u>Paul J. Kuntz</u> | OCD District <u>1</u> | Date <u>7/7/2000</u> |
|---|--------------------------|-------------------------|

VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

ml

APR 05 1999

OPERATING COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1024

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

3100' FSL & 2180' FEL, SEC 1, T21S, R37E

5. Lease Designation and Serial No.

LC 065455

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WANTZ FEDERAL
2

9. API Well No.

3002529597

10. Field and Pool, or Exploratory Area

WANTZ - ABO Blind - Blind

11. County or Parish, State

LEA NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

THIS PROCEDURE IS TO RECOMPLETE THE ABO FORMATION IN THE WANTZ FEDERAL #2 WELL.

PULL OUT OF HOLE WITH DRINKARD PRODUCTION EQUIPMENT.
CEMENT SQUEEZE DRINKARD PERFORATIONS FROM ABOUT 6967' TO 6808'.
DRILL OUT CEMENT THROUGH DRINKARD TO RETRIEVABLE BRIDGE PLUG @ 7050'.
ONCE DRILLED, TEST SQUEEZE TO 500 PSI FOR 30 MINUTES.
REMOVE RETRIEVABLE BRIDGE PLUG @ 7050' TO EXPOSE ABO PERFORATIONS.
PERFORM HES 2 STAGE PROPPANT FRACTURE, 100,000 GALLONS HYBORCEL AND
200,000# 20/40 SAND.
PUT WELL ON PUMP TO TEST ABO POTENTIAL.

C102 FOR THE ABO IS ATTACHED.

14. I hereby certify that the foregoing is true and correct

Signed J. R. Ward

Title J. R. Ward
Sr. Regulatory Specialist

Date 03/23/99

(This space for Federal or State official use)

Approved by David H. Hays

Title REGIONAL ENGINEER

Date APR 01 1999

Conditions of approval, if any:

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

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

OPL TOP'S COPY

Form C-105
Revised 1-1-89

OPERATORS - FOR WELL
COMPLETIONS SUBMIT
ORIGINAL AND 7 COPIES

WELL API NO.
30-025-29597
5. Indicate Type of Lease
STATE ☐ FEE ☐
State Oil & Gas Lease No.
LC 065455

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 ☐

7. Lease Name or Unit Agreement Name
WANTZ FEDERAL

2. Name of Operator
EXXONMOBIL CORP.
3. Address of Operator

8. Well No.
2

P. O. BOX 4358, HOUSTON, TX 77210-4358

9. Pool name or Wildcat
DRINKARD

4. Well Location
Unit Letter Q : 3100 Feet From The SOUTH Line and 2180 Feet From The EAST Line
Section 1 Township 21S Range 37E NMPM LEA County

| | | | | |
|---|---|---|---|--|
| 10. Date Spudded <u>4/30/86</u> | 11. Date T.D. Reached <u>5/17/86</u> | 12. Date Comm. (Ready to Prod.) <u>1-19-2000</u> | 13. Elevations (DF & RKB, RT, GR, etc.) | 14. Elev. Casinghead |
| 15. Total Depth <u>7816</u> | 16. Plug Back T.D. <u>7050</u> | 17. If Multiple Compl. How Many Zones? | 18. Intervals Drilled By <u>X</u> | 19. Cable Tools |
| 19. Producing interval(s), of this completion - Top, Bottom, Name <u>6802 - 6967 (SQUEEZED) DRINKARD</u> | | | | 20. Was Directional Survey Made <u>NO</u> |
| 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 |
|-------------|---------------|-----------|-----------|------------------------------------|---------------|
| 8 5/8 | 24.0 # | 1524 | 12 1/4 | CL C - 800 SX | - |
| 5 1/2 | 17.14 # | 7805 | 7 7/8 | H-ITE-2000 SXS & CL C - 400 SXS | - |

LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|------|-----|--------|--------------|--------|
| | | | | |

TUBING RECORD

| SIZE | DEPTH SET | PACKER SET |
|-------|-----------|------------|
| 2 7/8 | 6972 | 7050 |

26. Perforation record (interval, size, and number)
6802 - 6967 (SQUEEZED)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED
6802-6967 200 SXS CLASS C W/2% CACE

PRODUCTION

28. Date First Production
Production Method (Flowing, gas lift, pumping - Size and type pump)
PUMPING
Well Status (Prod. or Shut-in)
(SQUEEZED)
Date of Test Hours Tested Choke Size Prod'n For Test Period Oil - Bbl Gas - MCF Water - Bbl Gas - Oil Ratio
Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl Gas - MCF Water - Bbl Oil Gravity - API - (Corr.)

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
Witnessed By
David R. Glass
MAY 23 2000

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
D. A. B. Smith Printed TITL ADM. ASST. Date 5-19-00

submit to Appropriate
District Office
State Lease - 5 copies
Oil Lease - 5 copies
DISTRICT I
O. Box 1980, Hobbs, NM 88240
DISTRICT II
O. Drawer DD, Artesia, NM 88210
DISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

ROSWELL FIELD OFFICE
Form C-105
Revised 1-1-89

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

WELL API NO.
30-025-29597
5. Indicate Type of Lease
STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
LC 065455

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Type of Well:
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
Type of Completion:
NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☐ DEEP RESVR ☐ OTHER ☐

7. Lease Name or Unit Agreement Name
WANTZ FEDERAC

Name of Operator
EXXONMOBIL CORPORATION
Address of Operator
P. O. BOX 4358, HOUSTON, TX 77210-4358
Well Location

8. Well No.
2
9. Pool name or Wildcat
ABO

Unit Letter 0 : 3100 Feet From The SOUTH Line and 2180 Feet From The EAST Line

Section 1 Township 21S Range 37E NMPM LEA Country

| | | | | |
|---|----------------------------------|---|---|---------------------------------------|
| 1. Date Spudded 4-30-86 | 11. Date T.D. Reached 5-17-86 | 12. Date Compl. (Ready to Prod.) 1-19-2000 | 13. Elevations (DF & RKB, RT, GR, etc.) | 14. Elev. Casinghead |
| 2. Total Depth 7816 | 16. Plug Back T.D. 7050 | 17. If Multiple Compl. How Many Zones? | 18. Intervals Drilled By Rotary Tools X | 19. Cable Tools |
| 3. Producing interval(s), of this completion - Top, Bottom, Name 7098-7745 ABO | | | | 20. Was Directional Survey Made NO |
| 4. 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 |
|-------------|---------------|-----------|-----------|--------------------------------------|---------------|
| 8 5/8 | 24 # | 1524 | 12 1/4 | CL C - 800 SXS | |
| 5 1/2 | 17. 14 # | 7805 | 7 7/8 | H-LITE: 2000 SXS & CL C - 400 SXS | |

LINER RECORD

25. TUBING RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
|------|-----|--------|--------------|--------|-------|-----------|------------|
| | | | | | 2 7/8 | 6972 | 7050 |

5. Perforation record (interval, size, and number)
7098 - 7745 ACIDIZED, FRAC

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

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|--|
| 7098-7745 | 6200 GAL 29% HCL W/ 375 1.3 BALL SEALERS @ 7 BPM - 0 PSI 131 K # ACFRAC RESIN COATED |

PRODUCTION

SAND

| | | | | | | | |
|-------------------------|--------------------|---|------------------------|--------------------|-----------------|--------------------------------|------------------------|
| Date First Production | | Production Method (Flowing, gas lift, pumping - Size and type pump) | | | | Well Status (Prod. or Shut-in) | |
| | | PUMPING | | | | PRODUCING | |
| Date of Test 2-25-00 | Hours Tested 24 | Choke Size — | Prod'n For Test Period | Oil - Bbl. 25.3 | Gas - MCF 11 | Water - Bbl. 40 | Gas - Oil Ratio 435 |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | |

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

Test Witnessed By
David P. Glass
MAY 23 2000

10. List Attachments

11. 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

Michael Briller

Printed

EVERY VAL DOCUMENT

TEH ARM ASST

Date 5-19-00