

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>3002509961</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-934</b>

WELL COMPLETION OR RECOMPLETION REPORT AND LOG					
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>			7. Lease Name or Unit Agreement Name <b>NEW MEXICO S STATE</b>		
b. Type of Completion: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER <b>COMMINGLE</b>					
2. Name of Operator <b>EXXON CORPORATION</b>			8. Well No. <b>12</b>		
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210</b>			9. Pool name or Wildcat <b>TUBB OIL &amp; GAS (OIL)</b>		
4. Well Location Unit Letter <b>A</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>760</b> Feet From The <b>EAST</b> Line Section <b>2</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County					
10. Date Spudded <b>01/04/93</b>	11. Date T.D. Reached	12. Date Compl. (Ready to Prod.) <b>12/29/98</b>	13. Elevations (DF & RKB, RT, GR, etc.) <b>3370' DF</b>	14. Elev. Casinghead <b>---</b>	
15. Total Depth <b>6536</b>	16. Plug Back T.D. <b>6153</b>	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By <b>X</b>	Rotary Tools <b>X</b>	
19. Producing Interval(s), of this completion - Top, Bottom, Name <b>TUBB 5906-6149</b>			20. Was Directional Survey Made <b>NO</b>		
21. Type Electric and Other Logs Run <b>NONE</b>			22. Was Well Cored <b>NO</b>		

CASING RECORD (Report all strings set in well)

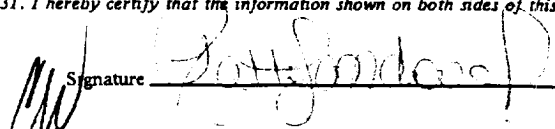
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4	40.0#	340		275 SXS	---
7-5/8	26.0#	2616		863 SXS	---
5-1/2	15.5#	6536		525 SXS	---

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
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26. Perforation record (interval, size, and number) <b>5450-5862 (BLINEBRY) PERFS UNSUCCESSFULLY SQZED W/16.5 BBLS CMNT 5988-6149(1SPF) ADD PERFS IN TUBB, ACIDIZED &amp; FRAC'D. 5906-5979(1SPF)ADD PERFS IN TUBB,ACIDIZE</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	<b>5988-6149</b>	<b>ACIDIZED W/3000 GAL 15% HCL, FRAC W/123000# SAND</b>
	<b>5906-6245</b>	<b>ACDZD W/15000 GAL 15% HCL</b>

28. PRODUCTION							
Date First Production <b>01/17/99</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>PLUNGER LIFT</b>				Well Status (Prod. or Shut-in) <b>PRODUCING</b>	
Date of Test <b>06/07/99</b>	Hours Tested <b>24</b>	Choke Size <b>---</b>	Prod'n For Test Period	Oil - Bbl. <b>13.06/0.037</b>	Gas - MCF <b>50.34/0.058</b>	Water - Bbl. <b>15.98/0.019</b>	Gas - Oil Ratio <b>---</b>
Flow Tubing Press. <b>---</b>	Casing Pressure <b>---</b>	Calculated 24-Hour Rate	Oil - Bbl. <b>---</b>	Gas - MCF <b>---</b>	Water - Bbl. <b>---</b>	Oil - API - (Corr.) <b>---</b>	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>SOLD</b>						Test Witnessed By <b>EXXON PERSONNEL</b>	

30. List Attachments <b>C-013, C-104, (NOTE: TEST REFLECTS TUBB/BLINEBRY ALLOCATION)</b>
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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 	Printed Name <b>Patti Sandoval</b> Title <b>Sr Staff Office Assistant</b> Date <b>06/14/99</b>
	(713) 431-1212

## 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 _____ <b>5988</b>	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. Permain _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn "A" _____	T. _____

## OIL OR GAS SANDS OR ZONES

No. 1, from..... to.....	No. 3, from..... to.....
No. 2, 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