

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 83210

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. <b>3002510136</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>FEE</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 _____				7. Lease Name or Unit Agreement Name <b>J L GREENWOOD</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>				3. Well No. <b>15</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>				9. Pool name or Wildcat <b>BLINEBRY OIL &amp; GAS</b>	
4. Well Location Unit Letter <b>M</b> : <b>760</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>9</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County					
10. Date Spudded	11. Date T.D. Reached	12. Date Compl. (Ready to Prod.) <b>01/10/96</b>	13. Elevations (DF & RKB, RT, GR, etc.) <b>3414 DF</b>	14. Elev. Casinghead	
15. Total Depth <b>6500</b>	16. Plug Back T.D. <b>6150</b>	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools <b>X</b> Cable Tools	20. Was Directional Survey Made	
19. Producing Interval(s), of this completion - Top, Bottom, Name <b>5409-5525; 5622-5764 BLINEBRY</b>					
21. Type Electric and Other Logs Run				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
10-3/4	40.5	329	15	300 SX	
7-5/8	26.4	3178	9-7/8	1800 SX	
5-1/2	14, 15.5	6499	6-3/4	200 SX	

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8	5318	

26. Perforation record (interval, size, and number) <b>5622-5764 3-1/8" GUN 1 SPF 84 SHOTS 5409-5525 3-1/8" GUN 1 SPF 61 SHOTS</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	<b>5042-5178</b>	<b>SQZ 150 SX C/CIBP @ 6160</b>
	<b>W/35' CMT</b>	<b>5409-5764 ACID W/5172 GAL</b>
	<b>15%HCL FRAC</b>	<b>69400 GAL+235000# 20/40*</b>

28. PRODUCTION							
Date First Production <b>01/11/96</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>ROD PUMP 2 X 1.5 X 16"</b>				Well Status (Prod. or Shut-in) <b>PROD</b>	
Date of Test <b>01/11/96</b>	Hours Tested <b>24</b>	Choke Size	Prod'n For Test Period	Oil - Bbl. <b>92.6</b>	Gas - MCF <b>155</b>	Water - Bbl. <b>23</b>	Gas - Oil Ratio <b>1669</b>
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil - API - (Corr.) <b>38.4</b>	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>SOLD</b>	Test Witnessed By
---	-------------------

30. List Attachments <b>PLAT, C104*NO 27 CONT'D: SQZ COMMUNCATION 4900-5550 W/150 SX H</b>
---

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

# 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. Salt \_\_\_\_\_  
 B. Salt \_\_\_\_\_  
 T. Yates \_\_\_\_\_  
 T. 7 Rivers \_\_\_\_\_  
 T. Queen \_\_\_\_\_  
 T. Grayburg \_\_\_\_\_  
 T. San Andres \_\_\_\_\_  
 T. Glorieta \_\_\_\_\_  
 T. Paddock \_\_\_\_\_  
 T. Blinbry \_\_\_\_\_  
 T. Tubb \_\_\_\_\_  
 T. Drinkard \_\_\_\_\_  
 T. Abo \_\_\_\_\_  
 T. Wolfcamp \_\_\_\_\_  
 T. Penn \_\_\_\_\_  
 T. Cisco (Bough C) \_\_\_\_\_

T. Canyon \_\_\_\_\_  
 T. Strawn \_\_\_\_\_  
 T. Atoka \_\_\_\_\_  
 T. Miss \_\_\_\_\_  
 T. Devonian \_\_\_\_\_  
 T. Silurian \_\_\_\_\_  
 T. Montoya \_\_\_\_\_  
 T. Simpson \_\_\_\_\_  
 T. McKee \_\_\_\_\_  
 T. Ellenburger \_\_\_\_\_  
 T. Gr. Wash \_\_\_\_\_  
 T. Delaware Sand \_\_\_\_\_  
 T. Bone Springs \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_

## Northwestern New Mexico

T. Ojo Alamo \_\_\_\_\_  
 T. Kirtland-Fruitland \_\_\_\_\_  
 T. Pictured Cliffs \_\_\_\_\_  
 T. Cliff House \_\_\_\_\_  
 T. Menefee \_\_\_\_\_  
 T. Point Lookout \_\_\_\_\_  
 T. Mancos \_\_\_\_\_  
 T. Gallup \_\_\_\_\_  
 Base Greenhorn \_\_\_\_\_  
 T. Dakota \_\_\_\_\_  
 T. Morrison \_\_\_\_\_  
 T. Todilto \_\_\_\_\_  
 T. Entrada \_\_\_\_\_  
 T. Wingate \_\_\_\_\_  
 T. Chinle \_\_\_\_\_  
 T. Permian \_\_\_\_\_  
 T. Penn "A" \_\_\_\_\_

T. Penn. "B" \_\_\_\_\_  
 T. Penn. "C" \_\_\_\_\_  
 T. Penn. "D" \_\_\_\_\_  
 T. Leadville \_\_\_\_\_  
 T. Madison \_\_\_\_\_  
 T. Elbert \_\_\_\_\_  
 T. McCracken \_\_\_\_\_  
 T. Ignacio Otzte \_\_\_\_\_  
 T. Granite \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 T. \_\_\_\_\_  
 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
NO 27	4900	5550	W/150 SX H CMT REPERF BLINEBRY/ACID/FAC PUSH CIBP TO 6009'				

RECEIVED  
 MDDDS  
 OGD