

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.
3002525330

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-934

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 **DUAL W/ABO**

7. Lease Name or Unit Agreement Name
NEW MEXICO S STATE

2. Name of Operator
EXXON CORPORATION

8. Well No.
34

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

9. Pool name or Wildcat
BLINEBRY OIL & GAS

4. Well Location

Unit Letter **O** : **330** Feet From The **SOUTH** Line and **1750** Feet From The **EAST** Line
Section **2** Township **22S** Range **37E** NMPM **LEA** County

10. Date Spudded
11. Date T.D. Reached
12. Date Compl. (Ready to Prod.) **05/28/96**
13. Elevations (DF & RKB, RT, GR, etc.) **3351 KB**
14. Elev. Casinghead

15. Total Depth **7847**
16. Plug Back T.D. **7535**
17. If Multiple Compl. How Many Zones? **2**
18. Intervals Drilled By
Rotary Tools
Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name
5365-5775' BLINEBRY (WELL DUAL OW W/NEW MEXICO S STATE 34)
20. Was Directional Survey Made

21. Type Electric and Other Logs Run
19 CONT'D: WANTZ - ABO GAS WELL CURRENTLY SI)
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 | 1138 | 13-3/4 | 670 SX | |
| 7 | 26, 23 | 7841 | 8-3/4 | 1840 SX | |
| | | | | | |
| | | | | | |
| | | | | | |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | |
|------------------|-----|--------|--------------|-------------------|-------|-----------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET |
| | | | | | 2-3/8 | 5671 |
| | | | | | | 5325 |
| | | | | | | |

26. Perforation record (interval, size, and number)
**6216-6263 DRINKARD SQZD 75 SX; 5645-5775
1 SPF 82 SHOTS; 5365-5540' 1 SPF 162
SHOTS**
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED
**5645-5775 ACID 1500 GAL 15% HCL;
FRAC W/ 23600 GAL+85000# 20/40
5365-5540 ACID W/7 BBL 15% HCL;***

28. PRODUCTION
Date First Production
Production Method (Flowing, gas lift, pumping - Size and type pump)
Well Status (Prod. or Shut-in)
Date of Test **6/18/96** Hours Tested **24** Choke Size
Prod'n For Test Period Oil - Bbl. **73.5** Gas - MCF **498.3** Water - Bbl. **0** Gas - Oil Ratio
Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl. **73.5** Gas - MCF **498.3** Water - Bbl. **0** Oil - API - (Corr.)
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By

30. List Attachments
***27 CONT'D: FRAC W/44900 GAL+169000# 20/40**

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 Name **Julie H. Mitchell** Title **Staff Office Assistant** Date **06/21/96**