Submit to Appropriate

## State of New Mexico

Form C-105 District Office Energy, Minerals, and Natural Resources Department State Lease--6 copies Revised 1-1-89 Fee Lease--5 copies OIL CONSERVATION DIVISION WELL API NO. DISTRICT I P.O. Box 1980, Hobbs, NM 88240 3002525508 P.O. Box 2088 5. Indicate Type of Lease DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 FEE STATE X 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 B - 934Marine Marine Control of the Control WELL COMPLETION OR RECOMPLETION REPORT AND LOG la. Type of Well: 7. Lease Name or Unit Agreement Name GAS WELL X OIL WELL DRY OTHER\_ NEW MEXICO S STATE b. Type of Completion: WELL NEW RESVR J DEEPEN OTHERADD PAY 2. Name of Operator 8. Well No. **EXXON CORPORATION** 38 ATTN: REGULATORY AFFAIRS P. O. BOX 1600 3. Address of Operator 9. Pool name or Wildcat <u>MIDLAND, TX</u> BLINEBRY GAS 4. Well Location Unit Letter E : 2100 Feet From The NORTH Line and 660 WEST \_\_\_ Feet From The \_\_\_ Section 2 Township 22S Range 37E NMPM LEA County 10. Date Spudded 11. Date T.D. Reached 12. Date Compl.(Ready to Prod.) 13. Elevations (DF & RKB, RT, GR, etc.) 14. Elev. Casinghead 04/20/91 06/03/92 3373GR 15. Total Depth 16. Plug Back T.D. 17. If Multiple Compl. How 18. Intervals Rotary Tools Cable Tools 7600 Many Zones? Drilled By 6580 19. Producing Interval(s), of this completion - Top, Bottom, Name 20. Was Directional Survey Made 5682-5746 5790-5819 5385 TO 5661 21. Type Electric and Other Logs Run 22. Was Well Cored 23 CASING RECORD (Report all strings set in well) HOLE SIZE **CASING SIZE** WEIGHT LB./FT. DEPTH SET CEMENTING RECORD AMOUNT PULLED 9 5/8 1129 13 1/2 36 700 SX 23, 26 8 3/4 7600 2040 SX 24. LINER RECORD 25. TUBING RECORD SIZE TOP **BOTTOM** SACKS CEMENT **SCREEN** SIZE **DEPTH SET** PACKER SET 2 3/8 5296 26. Perforation record (interval, size, and number) 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 5385 TO 5661 40 SHOTS DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 5385-5661 ACIDIZE W/4000 GALS 20% HCL AND 83200 # 20/40 SAND PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in) 05/01/92 FLOWING **PROD** Date of Test Hours Tested Choke Size Oil - Bbl. Prod'n For Gas - MCF Water - Bbl. Gas - Oil Ratio 05/28/92 24 Test Period 14/64 11 667 60636 Flow Tubing Press. Casing Pressure Calculated 24-Oil - Bbl. Oil - API - (Corr.) Gas - MCF Water - Bhl Hour Rate 285 37 29. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By SOLD 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

iame Sharon B. Timlin

19151-688-7509

\_\_\_\_\_\_TitleSr.staff office assistant 06/26/92

## **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. Anh                  | v        |           | T. Canyon                     |               | T. Ojo Alamo            |       | Т.        | Penn. "B"                             |           |  |
|                         |          |           |                               |               | T. Kirtland-Fruitland   |       |           |                                       |           |  |
|                         |          |           |                               |               | T. Pictured Cliffs      |       |           |                                       |           |  |
|                         |          |           |                               |               | T. Cliff House          |       |           |                                       |           |  |
|                         |          |           |                               |               | T. Menefee              |       |           |                                       |           |  |
| T Que                   | •n       |           | T. Silurian                   |               | T. Point Lookout        |       |           | T.                                    | Elbert    |  |
| T. Grav                 | burg     |           | T. Montova                    |               | T. Mancos               |       |           | T.                                    | McCracken |  |
|                         |          |           |                               |               | T. Gallup               |       |           |                                       |           |  |
| T. Glor                 | ieta     |           | T. McKee                      |               | Base Greenhorn          |       |           | Т.                                    | Granite   |  |
|                         |          |           |                               |               | T. Dakota               |       |           |                                       |           |  |
| T. Bline                | ebry     |           | Т. Gr. Wash                   |               | T. Morrison             |       |           | T                                     |           |  |
|                         |          |           |                               |               | T. Todilto              |       |           |                                       |           |  |
| T. Drin                 | kard     |           | T. Bone Springs               |               | T. Entrada              |       |           | T                                     |           |  |
|                         |          |           |                               |               | T. Wingate              |       |           |                                       |           |  |
|                         |          |           |                               |               | T. Chinle               |       |           |                                       |           |  |
| T. Penr                 | ·<br>·   |           | T                             |               | T. Permain              |       |           | T.,                                   |           |  |
| T. Cisc                 | o (Bough | C)        | T                             |               | T.Penn "A"              |       |           | T                                     | ·         |  |
|                         |          | •         | OIL OR (                      |               |                         |       |           |                                       |           |  |
| No. 1,f                 | rom      |           | to                            | toNo. 3, from |                         |       |           |                                       |           |  |
| No. 2,                  | from     |           | to                            | toNo. 4, from |                         |       |           |                                       | to        |  |
|                         |          |           | IMPOR'                        | TANT '        | WATE                    | R SAN | DS        |                                       |           |  |
|                         |          |           | inflow and elevation to which |               |                         |       | at .      |                                       |           |  |
| No. 2. from             |          |           | to                            | feetfeet      |                         |       |           | · · · · · · · · · · · · · · · · · · · |           |  |
| No. 3, from             |          |           | to                            | feet          |                         |       |           |                                       |           |  |
| ·                       |          |           | ITHOLOGY RECORI               |               |                         |       |           |                                       |           |  |
|                         | Γ_       | Thickness |                               |               |                         |       | Thickness |                                       |           |  |
| From                    | То       | in Feet   | Lithology                     |               | From                    | То    | in Feet   |                                       | Lithology |  |
|                         |          | İ         |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         | ł        |           |                               |               |                         |       | İ         |                                       |           |  |
|                         |          |           |                               |               |                         |       | 1         |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          | 1         |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         | İ        |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       | •         |  |
|                         |          |           |                               |               |                         |       |           |                                       | •         |  |
|                         |          |           |                               |               |                         |       | [         |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |
|                         |          |           |                               |               |                         |       |           |                                       |           |  |