

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT

1a. TYPE OF WELL: OIL ☐ GAS ☐ WELL ☐ OTHER ☐

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1040' FSL & 1670' FEL
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 8/14/81 16. DATE T.D. REACHED 8/16/81 17. DATE COMPL. (Ready to prod.) 8/18/81 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6819' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2420' 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2286'-2298' Pictured Cliffs 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CCL 27. WAS WELL CORED No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	293'	12 1/4"	225SX	566ls
3 1/2"	9.3#	2414'	6 1/2"	450SX	865' KBB by temp survey

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		None				None	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2286', 87', 88', 89', 90', 92', 94', 95', 96', 98'	w/ 1 JSPE.	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		2286'-2298'	3066ls 15% HCL-NE-FE, 45335 gals foam, 60750 20/40sd.

33.* PRODUCTION

DATE FIRST PRODUCTION 9/17/81 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST 11/3/81 HOURS TESTED 24 CHOKER SIZE 3/4" PROD'N. FOR TEST PERIOD OIL—BBL. 0 GAS—MCF. AOF-1700 WATER—BBL. 0 GAS-OIL RATIO

FLOW. TUBING PRESS. CASING PRESSURE 126 psi CALCULATED 24-HOUR RATE OIL—BBL. 0 GAS—MCF. AOF-1700 WATER—BBL. 0 OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold TEST WITNESSED BY G. Flowers

35. LIST OF ATTACHMENTS ACCEPTED FOR RECORD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE DEC 4, 1981

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

EXAMINATION DISTRICT

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INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH SURFACE 300 EST OJO ALAMO SS. 1746 KIRKLAND SH. 1942 FRUITLAND SS. 2098 Pictured Cliffs ss. 2280
San Jose	surface	300 - 0	water	San Jose	
Naciminto	300	1746	water	Naciminto	
Ojo Alamo	1746	1942	water	Ojo Alamo ss.	
Fruitland	2098	2280	water	Kirkland sh.	
Pic. Cliffs	2280	2298	gas	Fruitland ss.	
				Pictured	
				Cliffs ss.	