

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R255.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. CONTRACT NO. 122	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME TICARILLA APACHE	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, NM 88240		8. FARM OR LEASE NAME AXI APACHE "O"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FSL & 990' FEL of Sec. 9 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 9	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 8-1-76		16. DATE T.D. REACHED 8-5-76	
17. DATE COMPL. (Ready to prod.) 8-25-76		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7352' GR.	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4021	
21. PLUG, BACK T.D., MD & TVD 3972'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY Rotary		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3769-77'; 3784-88'; 3790-95'; 3835-37'	
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN IES, SP, Gamma Ray Caliper	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 8 7/8" 2 7/8" (Prod. csg)		WEIGHT, LB./FT. 24# 65#	
DEPTH SET (MD) 317' 4001'		HOLE SIZE 12 1/2" 6 1/2"	
CEMENTING RECORD 250 SX Circ 250 SX		AMOUNT PULLED —	
29. LINER RECORD		30. TUBING RECORD	
SIZE 8 7/8" 2 7/8"		TOP (MD) 317' 4001'	
BOTTOM (MD) 317' 4001'		SACKS CEMENT* — —	
SCREEN (MD) — —		SIZE 2 7/8" 2 7/8"	
DEPTH SET (MD) 317' 4001'		PACKER SET (MD) — —	
31. PERFORATION RECORD (Interval, size and number) 3769-77'; 3784-88'; 3790-95'; 3835-37' w/ 2" GO-Wonder Gun		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3769-3837' AMOUNT AND KIND OF MATERIAL USED Frac w/ 10500 Gal 75% N2 & 25% KCL Water, 13,500# 20/40 Sand	
33.* PRODUCTION		DATE FIRST PRODUCTION 9-3-76	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 9-3-76		HOURS TESTED 3 HRS	
CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD 0	
OIL—BBL. 0		GAS—MCF. 1122 AOF	
WATER—BBL. 0		OIL GRAVITY-API (CORR.) —	
FLOW TUBING PRESS. 81		CASING PRESSURE 81	
CALCULATED 24-HOUR RATE —		TEST WITNESSED BY F. T. Chaves	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		35. LIST OF ATTACHMENTS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED Bill Penlow TITLE Adm Supervisor DATE 9-16-76	

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

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:				38. GEOLOGIC MARKERS		39. COMPLETION OR RECOMPLETION REPORT	
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH	
					3254		
					3460		
					3639		
					3762		

(Note: The above table is a simplified representation of the form's structure. The actual form contains multiple rows and columns for detailed data entry, including formation names, depths, and descriptions.)