

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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 ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR <u>CONTINENTAL OIL Co.</u>							
3. ADDRESS OF OPERATOR <u>P.O. Box 460 Hobbs, N.M. 88240</u>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>330' FSL and 660' FWL</u> At top prod. interval reported below <u>SAME</u> At total depth <u>SAME</u>							
14. PERMIT NO.				DATE ISSUED			
15. DATE STUDDED <u>1-30-79</u>				16. DATE T.D. REACHED <u>2-18-79</u>		17. DATE COMPL. (Ready to prod.) <u>4-17-79</u>	
20. TOTAL DEPTH, MD & TVD <u>7780'</u>				21. PLUG, BACK T.D., MD & TVD <u>7735'</u>		22. IF MULTIPLE COMPL., HOW MANY*	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)* <u>6543-6588 Gallup</u> <u>7378-7570 Dakota</u>				25. WAS DIRECTIONAL SURVEY MADE <u>YES</u>			
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>SP-IES, FDC, GR, CALIPER</u>				27. WAS WELL CORED <u>NO</u>			
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
<u>8 5/8"</u>	<u>24"</u>	<u>518'</u>	<u>12 1/4"</u>	<u>250 sk</u>		<u>0 sk</u>	
<u>5 1/2"</u>	<u>15.5" 17"</u>	<u>7779' KB</u>	<u>7 7/8"</u>	<u>460 sk</u> <u>DV tool 5293'</u> <u>370 sk</u>		<u>TOC 3350' KB</u>	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					<u>2 3/8</u>	<u>7533'</u>	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
<u>7378', 80, 82, 84, 7518, 20, 22, 24, 26, 46, 48, 50</u> <u>64, 66, 68, 70 w/115PF</u>				DEPTH INTERVAL (MD)			
<u>6543, 45, 47, 72, 74, 76, 78, 80, 82, 84, 86, 88 w/115PF</u>				AMOUNT AND KIND OF MATERIAL USED			
				<u>7378-7570</u> <u>406 lbs 15% HCl-N₂</u> <u>107,500 X-link gel</u> <u>377,500 # 20/40 sd.</u>			
				<u>6543-6588</u> <u>30 lbs 15% HCl-N₂</u> <u>107,500 X-link gel</u> <u>382,500 # 20/40 sd.</u>			
33.* PRODUCTION							
DATE FIRST PRODUCTION <u>4-17-79</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>FLWIG</u>				WELL STATUS (Producing or shut-in) <u>PROD</u>	
DATE OF TEST <u>6-1-79</u>	HOURS TESTED <u>24</u>	CHOKE SIZE <u>NA</u>	PROD'N. FOR TEST PERIOD <u>→</u>	OIL—BBL. <u>75</u>	GAS—MCF. <u>268</u>	WATER—BBL. <u>95</u>	GAS-OIL RATIO <u>3.573</u>
FLOW, TUBING PRESS. <u>NA</u>	CASING PRESSURE <u>NA</u>	CALCULATED 24-HOUR RATE <u>→</u>	OIL—BBL. <u>75</u>	GAS—MCF. <u>268</u>	WATER—BBL. <u>95</u>	OIL GRAVITY-API (CORR.) <u>41</u>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>VENTED</u>						TEST WITNESSED BY <u>B.E. Anderson</u>	
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 <u>Wm A. Butterfield</u>		TITLE <u>Assistant Supervisor</u>				DATE <u>6-12-79</u>	

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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Gulley	6160	7727		Dist red soil	21 72	
Gulley	7470	7747		Clay soil	46 90	
				Clay shale	49 75	
				Red shale	51 25	
				Gulley	65 00	
				Shale soil	71 27	
				Shale soil	73 22	
				Shale soil	75 00	