

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

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 990' FSL & 1830' FEL

At top prod. interval reported below ☒At total depth ☒

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 11/25/80 16. DATE T.D. REACHED 12/10/80 17. DATE COMPL. (Ready to prod.) 1/14/81 18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 6531' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6910' 21. PLUG, BACK T.D., MD & TVD 6899' 22. IF MULTIPLE COMPL., HOW MANY* — 23. INTERVALS DRILLED BY — ROTARY TOOLS — CABLE TOOLS —

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

6742'-6870' Dakota

26. TYPE ELECTRIC AND OTHER LOGS RUN

SP-IES, GR, FDC, Caliper, PDC, temperature

28. 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"	28 #	378'	12 1/4"	360 SX	10 bbls
5 1/2"	15.5 #	6910'	7 7/8"	2031 SX	3475'-temp survey

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
		None		

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	6808'	

31. PERFORATION RECORD (Interval, size and number)

6742', 44', 56', 59', 61', 68', 71', 74', 77', 80', 83', 86',
89', 92', 95', 98', 6801', 04', 07', 58', 60', 62', 65', 67',
6870' total 25 holes.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6742'-6870'	2100 gal 15% HCL acid, 1255 bbls gelled w/tn, 124,200# 20/40sd

33.*

PRODUCTION

33.

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
1/15/81		Flowing					S.I. pending connection	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
2/5/81	24	NA	→	6	860	24		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
NA	NA	→	6	860	24			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

B.E. Anderson

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

Wm A. Butterfield

TITLE

Administrative Supervisor

DATE

2/26/81

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

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 necessary instructions should be obtained from the local Federal and/or State office.

tion 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, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local state or tribal officials for attachments.

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.
Item 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion) or intervals top(s) bottom(s) indicate the interval or intervals top(s) bottom(s) completed in this well.

[illegible]

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.)

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Wm. D. Adams