

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 ☐		1b. 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 1080' FSL & 1650' FEL At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED SURVEY NOV 12 1981 OIL CON. COM. DIST. 3	
15. DATE SPUNDED 8/7/81		16. DATE T.D. REACHED 8/9/81	
17. DATE COMPL. (Ready to prod.) 9/16/81		18. ELEVATIONS (OF, RKB, RT, GR, ETC.) * 6676' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 2550'	
21. PLUG, BACK T.D., MD & TVD NA		22. IF MULTIPLE COMPL., HOW MANY* —	
23. INTERVALS DRILLED BY —		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2383'-2456' Pictured Cliffs	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CCL	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.	
8 5/8"		24#	
3 1/2"		9.3#	
Depth Set (MD)		Hole Size	
295'		12 1/4"	
2549'		6 1/2"	
Cementing Record		Amount Pulled	
220 sk		5666	
375 sk		TO Cat 1475' by temp. survey	
29. LINER RECORD		30. TUBING RECORD	
Size		Size	
TOP (MD)		DEPTH SET (MD)	
BOTTOM (MD)		PACKER SET (MD)	
SACKS CEMENT*		None	
SCREEN (MD)		None	
31. PERFORATION RECORD (Interval, size and number) 2383', 85', 89', 90', 92', 95', 98', 2401', 05', 06', 39', 41', 52', 54', 2456'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Depth Interval (MD)		Amount and Kind of Material Used	
2383'-2456'		40 bbls. 15% HCL-NE-TE, 1129 bbls. foam, 63000# 20/40 sd.	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold	
Date First Production 9/17/81		Production Method (Flowing, gas lift, pumping—size and type of pump) Flowing	
Well Status (Producing or shut-in) Producing		35. LIST OF ATTACHMENTS	
Date of Test 9/29/81		Hours Tested 24	
Choke Size NA		Prod'n. for Test Period —	
Oil—BBL. 0		Gas—MCF. 1024	
Water—BBL. 0		Oil Gravity-API (CORR.) —	
Flow. Tubing Press. —		Casing Pressure 125 psi	
Calculated 24-Hour Rate —		Oil—BBL. 0	
Gas—MCF. 1024		Water—BBL. 0	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		TEST WITNESSED BY G. Flowers	
SIGNED W. A. Butterfield		TITLE Administrative Supervisor	
DATE November 6, 1981		BY SK	

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

NMOCC

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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS		WELL COMPLETION OR RECOMPLETION REPORT	
NAME	MEAS. DEPTH	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	WELL COMPLETION OR RECOMPLETION REPORT	
San Jose Fan	Surface								
Nacimiento	312								
Ojo Alamo	1683								
Kirtland	2053								
Pictured Cliffs	2388								
Lewis sh	2501								

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-ITEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

38. LOG

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