

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

2. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☒ DIFF. RESER. ☐ Other _____

3. NAME OF OPERATOR

Continental Oil Company

4. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico 88240

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1800' FSL + 1800' FWL of Sec 19

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH

13. STATE

Lea

N. Mex.

15. DATE REACHED
WORK STARTED
1-3-70

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

1-28-70

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3943' DF

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

14,246

21. PLUG, BACK T.D., MD & TVD

5355

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)*

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR/depth control log

27. WAS WELL CORED

X10

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 7/8	48 #	430	17 1/2	350 Circulated	none
9 7/8	40 + 36	4676	15 1/2	3050 "	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACER SET (MD)
5 1/2	4464	5343	170		2 3/8	5293	

31. PERFORATION RECORD (Interval, size and number)

5275', 5277, 5279, 5281, *

5283' one 15 PF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5275-5283	2000 gals 15% LSTNE

33. PRODUCTION

33.9		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION							shut-in	
NO Production								
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
1-28-69	24		→	0	0	52	—	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
—	—	→	0	0	52	—		

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

TEST WITNESSED BY

Mr. Bill McHinnis

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

M. E. Wadley

TITLE Staff Supervisor

DATE 4-10-70

*(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 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 Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions, sample and core analysis, 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 33.

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 16: 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 indicate 21 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: "Seeks Completion". 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.)

DATE	WELL NO.	WELL NAME	WELL TYPE	WELL STATUS

7. SUMMARY OF 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				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS
				NAME
				MEAS. DEPTH
				TOP
				TRUE VERT. DEPTH