

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 _____	5. LEASE DESIGNATION AND SERIAL NO. LC-031670 (B)
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other _____	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	7. UNIT AGREEMENT NAME SEMI Burger B
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240	8. WELL NO. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 1830' FEL At top prod. interval reported below At total depth	9. FIELD AND POOL, OR WILDCAT Drinkard
14. PERMIT NO.	15. DATE ISSUED
12. COUNTY OR PARISH Lea	13. STATE NM

15. DATE SPUDDED 6-6-52	16. DATE T.D. REACHED 8-8-52	17. DATE COMPL. (Ready to prod.) 1-2-85	18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3552' GL	19. ELEV. CASINGHEAD —
20. TOTAL DEPTH, MD & TVD 9266'	21. PLUG, BACK T.D., MD & TVD 9136'	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)* 6862'-6947' Drinkard (lower)
25. WAS DIRECTIONAL SURVEY MADE Yes				26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CCL
27. WAS WELL CORED				

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
(NO CHANGE)					

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
(NONE)					2 7/8"	6789'	6789'

31. PERFORATION RECORD (Interval, size and number) 6862'-6947' w/1 JSPF (16 holes)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 6862'-6947' AMOUNT AND KIND OF MATERIAL USED 32 bbls 15% HCL-NE-FE; Acid free w/ 100 bbls. gelled fluid pad, 146 bbls 15% HCL-NE-FE & 78 bbls gelled fluid. Flush w/100 bbls gelled fluid.
---	---

PRODUCTION							
DATE FIRST PRODUCTION 1/2/85		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 1/10/85	HOURS TESTED 24	CHOKE SIZE 10/64	PROD'N. FOR TEST PERIOD ACCEPTED FOR RECORD	OIL—BBL. 14	GAS—MCF. 354	WATER—BBL. 26	GAS-OIL RATIO 96.714
FLOW. TUBING PRESS. 1710 psi	CASING PRESSURE 0	CALCULATED 24-HOUR RATE 14	OIL—BBL. 14	GAS—MCF. 354	WATER—BBL. 26	OIL GRAVITY-API (CORR.) NA	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Flaring						TEST WITNESSED BY J. Spurlock	
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 David J. Smylie	TITLE Administrative Supervisor	DATE 2/8/85

*(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: SHOW ALL 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH } TOP TRUE VERT. DEPTH
				Rueller	1360
				Sulaco	1500
				Base Salt	2520
				Xates	2663
				Seven Rivers	2920
				Queen	3490
				Penrose	3640
				Grayburg	3904
				Glorieta	5320
				Blinberry	5837
				Tubb	6351
				Drinkard	6650
				Abo	6970
				Wolfcamp	7668
				Devonian	7890
				Montoya	8490
				Simpson	8760
				McKee	8982

RECEIVED

FEB 21 1985

O.C.O.
HOBBS OFFICE