

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU McKee

9. WELL NO.

114

10. FIELD AND POOL, OR WILDCAT

Warren McKee

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29, T-20S, R-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other injection well

b. TYPE OF COMPLETION:

NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESRV.  Other \_\_\_\_\_

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

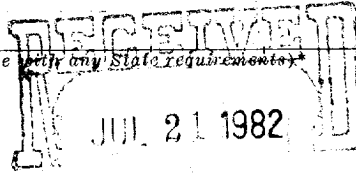
P. O. Box 460, Hobbs, N.M. 88240

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

At surface 810' FNL & 2130' FWL

At top prod. interval reported below \_\_\_\_\_

At total depth \_\_\_\_\_



14. PERMIT NO. OIL & GAS U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 19. ELEV. CASINGHEAD

9/19/81 10/20/81 11/17/81 3535'

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 25. WAS DIRECTIONAL SURVEY MADE

9100' 9060' \_\_\_\_\_ A11 None

8910'-9010' w/ 4 JSPF McKee Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED

temperature survey, GR-CNL-CLL No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	40.5#	1421'	15"	918sx	75sx
5 1/2"	17#	9100'	6 3/4"	3234sx	TOC-1880' by temp survey

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		None			2 3/8"	8911'	8882'

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8910'-9010'	100 bbls. 7 1/2% HCL-NE-FE, 64 bbls. 2% KCL TFW.

33.\* PRODUCTION

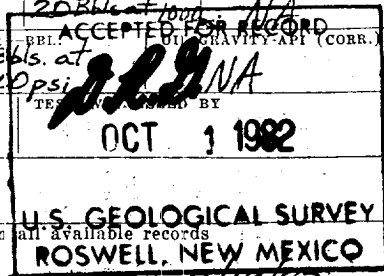
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
11/18/81	Injection well - ready for injection	Injecting					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/11/82	24	NA	→	0	0	20 Bbls. at 1000 psi	NA
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	GRAVITY API (CORR.)	
NA	NA	→	0	0	20 Bbls. at 1000 psi	NA	

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

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 John A. Baxter TITLE Administrative Supervisor DATE 1/19/82



\*(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.	
			TOP	
			MEAS. DEPTH	
			TRUE VERT. DEPTH	
			NAME	
Blinebry	5900	6100	Oil	3603 4130 5454 5692 6520 6855 7118 7482 7600 7993 8333 8659 8821 8878
Tubb	6620	6780	Oil	QUEEN SAN ANDRES GLORIETA BLINEBRY Tubb DRINKARD Abo BASE Abo. DEVONIAN FUSSLEMAN Montoya Simpson McKEE McKEE Pay
McKEE Pay	8910	9010	WET Injection well	

OCT 1 1982  
 U.S. DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT