

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE.

(See other instructions or
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 031741 (b)	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Continental Oil Company				7. UNIT AGREEMENT NAME NMFU	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico				8. FARM OR LEASE NAME Hawk E-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FEL, Sec. 9-21S-37E, Lea County, New Mexico. At top prod. interval reported below Same At total depth Same				9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Drinkard & Blinebry Pools	
15. DATE SPUDDED 12-2-63				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 9-21S-37E	
16. DATE T.D. REACHED 12-2-63				12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 1-19-64				13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3495 DF				14. ELEV. CASINGHEAD 3485	
20. TOTAL DEPTH, MD & TVD 6735' TD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* 2	
23. INTERVALS DRILLED BY 6695-6735		ROTARY TOOLS 6695-6735		CABLE TOOLS none	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Blinebry 5844-5994'				25. WAS DIRECTIONAL SURVEY MADE NA	
26. TYPE ELECTRIC AND OTHER LOGS RUN None from 6695-6735 (Deepening)				27. WAS WELL CORRED no	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
13 3/8		36		200	
9 5/8		36		2739	
7		23		6694	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
17 1/2		200		-	
12 1/4		500		-	
8 3/4		500		-	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
none					
SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
				SIZE	
				DEPTH SET (MD)	
				PACKER SET (MD)	
				2 1/16	
				5900	
				7" @ 6500'	
31. PERFORATION RECORD (Interval, size and number)					
Blinebry - 5844, 5851, 5893, 5904, 5929, 5959, 5985 & 5994' w/1 JSPP Size .45"					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
(Sec attached sheet for)		(question No. 32 - Blinebry)			
33.* PRODUCTION					
DATE FIRST PRODUCTION Blinebry 12-14-63		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST Blin. 12-14-63		HOURS TESTED 8		CHOKE SIZE 14/64	
PROD'N. FOR TEST PERIOD 180		OIL—BBL. 60		GAS—MCF. 259	
WATER—BBL. 0		GAS-OIL RATIO 4317		CIL GRAVITY-API (CORR.) 39°	
FLOW. TUBING PRESS. 350		CASING PRESSURE 650		CALCULATED 24-HOUR RATE 180	
OIL—BBL. 180		GAS—MCF. 259		WATER—BBL. 0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold to Skelly Oil Company		TEST WITNESSED BY B. K. Rampley			
35. LIST OF ATTACHMENTS Treatment Record of Blinebry attached & Drinkard information.					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED _____		TITLE Staff Supervisor		DATE 3-19-64	

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

USGS(5) NMOC(2) ABS PanAm-Hobbs(3) Atl-Ros (2) Calif-Mid&Hou(1 ea.)

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	TRUE VERT. DEPTH
				Drilled lime in Drinkard formation from 6695 to 6735'.		