

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 0557256	
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	
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME ELLIOTT B-15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2130' ENC E 1980' FEL OF SEC. 15 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT DRINKARD	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 15, T-22S, R-37E	
15. DATE SPUDDED		12. COUNTY OR PARISH LEA	
16. DATE T.D. REACHED		13. STATE N.M.	
17. DATE COMPL. (Ready to prod.) 7-17-74		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3394' DF	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 7353'	
21. PLUG, BACK T.D., MD & TVD 6341'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6253'-6321' DRINKARD	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) Squeezed Tubing perfs w/200 sks cmt. Tested to 1500 psi - Held OK. Perf DRINKARD 6253'. 66', 83', 96', 6302'. 14', 6321' w/4 JS PF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 6253'-6321' AMOUNT AND KIND OF MATERIAL USED 2400 gals 28% Acid, 15,000 gals TFW, 30,000 # SAND.	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION 7-17-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
DATE OF TEST 9-9-74		WELL STATUS (Producing or shut-in) Shut-in (Pending evaluation)	
HOURS TESTED 24		CHOKE SIZE	
PROD'N. FOR TEST PERIOD 5		OIL—BBL. 150	
GAS—MCF. 10		WATER—BBL.	
OIL GRAVITY-API (CORR.)		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)		GAS-OIL RATIO	
35. LIST OF ATTACHMENTS		TEST WITNESSED BY M.E. Chambliss	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED [Signature] TITLE SR. ANALYST DATE 2-18-75	

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

USGS/5. NMRU-J. E. 10.

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 report 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Glarieta			DST 5015-5127 open 45" light show gas, Rec 640' 0 acm DST 5084-5250 open 60" slight show gas, Rec 1170' 0 acm

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Rustler	1106		
Tansill	2393		
Yates	2510		
Puam	3298		
Penrose	3428		
San Andres	3795		
Glarieta	5017		
Blinbury	5440		
Tubb	5955		
Drinkard	6218		