

UN. E. STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLI 3*

(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>										5. LEASE DESIGNATION AND SERIAL NO. LC-032573 (6)				
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>										6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY										7. UNIT AGREEMENT NAME				
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240										8. FARM OR LEASE NAME Collected B				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface: 1980' PSL 2 4790' FEL 87 Sec 6 At top prod. interval reported below: Same At total depth: Same										9. WELL NO. 6				
10. FIELD AND POOL, OR WILDCAT										11. SEC., T., R., AL., OR BLOCK AND SURVEY OR AREA Sec. 6 T-22S R-37E				
12. COUNTY OR PARISH										13. STATE				
15. DATE SPUNDED										16. DATE T.D. REACHED				
17. DATE COMPL. (Ready to prod.)										18. ELEVATIONS (DF, RKB, BT, GR, ETC.)				
19. ELEV. CASING HEAD										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. TYPE ELECTRIC AND OTHER LOGS RUN										26. WAS DIRECTIONAL SURVEY MADE				
27. WAS WELL CORED										28. PERMITS				
29. CASING RECORD (Report all strings set in well)										30. TUBING RECORD				
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
33. PRODUCTION										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				

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

USGS-5, NMFU-4, File

INSTRUCTIONS

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 38, 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; CORRED 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.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				Notes	2630		
				Queen	3392		
				Penrose	3793		
				Grayburg	3685		
				Slovietia	5123		
				Blinbury	5560		
				Tubbs	6105		
				Dumfries	6455		
				Abco	6705		
				B/Permian	7450		
				Devonian	7525		
				Simpson	8415		
				Ellensburg	9083		
				Granite Wash	9360		