

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-057210	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DEEP. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Continental Oil Company		7. UNIT AGREEMENT NAME MCA	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME MCA Unit B.L.R.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1345' F54 + 1345' FUEL Loc 28 At top prod. interval reported below At total depth		9. WELL NO. 228	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 3-13-71		16. DATE T.D. REACHED 3-23-71	
17. DATE COMPL. (Ready to prod.) 4-30-71		18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 3942' GR	
19. ELEV. CASINGHEAD		12. COUNTY OR PARISH Lea	
20. TOTAL DEPTH, MD & TVD 4155		13. STATE New Mexico	
21. PLUG, BACK T.D., MD & TVD 4110		10. FIELD AND POOL, OR WILDCAT MCA (52) Rep.	
22. IF MULTIPLE COMPL., HOW MANY*		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28, T-17S, R-32E	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Lea - 3505 - 4110	
25. WAS DIRECTIONAL SURVEY MADE yes		26. TYPE ELECTRIC AND OTHER LOGS RUN MCA - 11/11/71 + GR/X	
27. WAS WELL CORED no		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 4005, 11, 51, 55, 72, 81, 97, 4102 + 4100, 3875, 3904, 12, 22, 28, 64, 16, 86, 3505, 11, 26, 39, 55 w/12		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 4005-4102 5000-7000 acid 3875-3956 6000-1500 acid 3505-3855 1000-1500 acid follow buy 3000-4000 acid 5000-5200 acid	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION 5-1-71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing	
WELL STATUS (Producing or shut-in) Producing		35. LIST OF ATTACHMENTS	
DATE OF TEST 5-4-71		HOURS TESTED 8	
CHOKE SIZE 18		PROD'N. FOR TEST PERIOD →	
OIL—BBL. 15		GAS—MCF. 57	
WATER—BBL. 32		GAS-OIL RATIO 731	
FLOW. TUBING PRESS. 83		CASING PRESSURE 83	
CALCULATED 24-HOUR RATE →		OIL—BBL. 234	
GAS—MCF. 171		WATER—BBL. 96	
OIL GRAVITY-API (CORR.) 38.2		TEST WITNESSED BY Mr. H. K. Christian	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED <u>[Signature]</u> TITLE <u>Staff Supervisor</u> DATE <u>5-5-71</u>	

*(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 filed 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 13: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form at 1 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 38. 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 23: "Stages Completed": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Item 25: 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; CORREL INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION (GPM), GPM TOOL, GPM, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				Queen	3124
				Grayburg	3502
				San Hudson	3862
				Livingston	4020

RECEIVED

MAY 1 1971

OIL CONSERVATION COMM.
HOBBS, N. M.