

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 \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
**CONTINENTAL OIL COMPANY**

3. ADDRESS OF OPERATOR  
**Box 460, Hobbs, N.M. 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface **660' FNL & 1980' FUL OF SEC. 34**  
At top prod. interval reported below **SAME**  
At total depth **SAME**

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 063458**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
**WARREN**

8. FARM OR LEASE NAME  
**WARREN UNIT**

9. WELL NO.  
**34**

10. FIELD AND POOL, OR WILDCAT  
**WARREN TUBB**

11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA  
**Sec. 34, T-20S, R-38E**

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

12. COUNTY OR PARISH  
**LEA**

13. STATE  
**N.M.**

15. DATE SPUNDED  
**8-1-75**

16. DATE T.D. REACHED  
**8-15-75**

17. DATE COMPL. (Ready to prod.)  
**9-4-75**

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*  
**3580' GR**

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD  
**6975'**

21. PLUG, BACK T.D., MD & TVD  
**6880'**

22. IF MULTIPLE COMPL., HOW MANY\*  
**2**

23. INTERVALS DRILLED BY  
**→ ROTARY**

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**TUBB 6536'-6626'**

25. WAS DIRECTIONAL SURVEY MADE  
**No**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**GR-CNL-FDC DLL Sonic MLL**

27. WAS WELL CORED  
**No**

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.30#	1470'	12 1/4"	600 Sks. Circ.	—
7"	23# & 26#	6975'	8 3/4"	1225 Sks.	—

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8"		6460'

31. PERFORATION RECORD (Interval, size and number)  
**TUBB 6538', 43', 64', 6603'  
19' & 6625 w/1 JSPP**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6538'-6625'	1200 gals 15% Acid Fract w/500 gals trtd. prod. wtr., 1500 gals 25% acid, 600 gals trtd. prod. wtr. Repeat same in 2nd stage.

33.\* PRODUCTION

DATE FIRST PRODUCTION **9-8-75** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pump** WELL STATUS (Producing or shut-in) **Prod.**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-29-75	24		→	129	NA	32	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
**Will be sold**

TEST WITNESSED BY  
**W.D. CATES**

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 **[Signature]** TITLE **SP. ASSISTANT** DATE **10-3-75**

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

11565-4. WAFU-4. File

# 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. 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 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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS
				Yates Seven R. Queen S. Andres Glorieta Blinebry Tubb Dinkard Abo ?	MEAS. DEPTH 2752 3009 3568 4120 5410 5872 6371 6665 6936
					TOP TRUE VERT. DEPTH

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 \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
**CONTINENTAL OIL COMPANY**

3. ADDRESS OF OPERATOR  
**Box 460, HOBBS, N.M. 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface **660' FNL E 1980' FWL OF SEC. 34**  
At top prod. interval reported below **SAME**  
At total depth **SAME**

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 063458**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME  
**WARREN**

8. FARM OR LEASE NAME  
**WARREN UNIT**

9. WELL NO.  
**34**

10. FIELD AND POOL, OR WILDCAT  
**WARREN BLINERY**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
**SEC. 34, T-20S, R-3E**

12. COUNTY OR PARISH  
**LEA**

13. STATE  
**N.M.**

15. DATE SPUDDED **8-1-75** 16. DATE T.D. REACHED **8-15-75** 17. DATE COMPL. (Ready to prod.) **9-4-75** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* **3530' GR.** 19. ELEV. CASINGHEAD \_\_\_\_\_

20. TOTAL DEPTH, MD & TVD **6975'** 21. PLUG, BACK T.D., MD & TVD **6880'** 22. IF MULTIPLE COMPL., HOW MANY\* **2** 23. INTERVALS DRILLED BY **ROTARY** ROTARY TOOLS \_\_\_\_\_ CABLE TOOLS \_\_\_\_\_

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**BLINERY 5813'-5881'**

25. WAS DIRECTIONAL SURVEY MADE  
**No**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**GR-CNL-FDC DLL Sonic MLL**

27. WAS WELL CORED \_\_\_\_\_

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.30#	1470'	12 1/4"	600 SKS. - Circ.	=
7"	23# & 26#	6975'	8 3/4"	1225 SKS.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8"		6460

31. PERFORATION RECORD (Interval, size and number)

**BLINERY 5815', 19', 43', 48', 75' E 5879'**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5815'-5879'	1750 gals 15% Acid Frac w/ 2000 gal. pad, 20,000 gals gelled wtr., 40,000# SAND.

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
9-5-75	Flow	Prod.

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-20-75	24	19/64"	→	130	360	5	

FLOW TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
550	-	→				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) \_\_\_\_\_ TEST WITNESSED BY **W.D. CATES**

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 **[Signature]** TITLE **SR. ANALYST** DATE **10-3-75**

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

USGS-4, NWPA-4, File

# 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 you 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: "Stacks 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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	
					TRUE VERT. DEPTH	
				Yates	2752	
				Seven R.	3009	
				Queen	3568	
				S. Andres	4120	
				Glovietta	5410	
				Blinby	5872	
				Tubb	6371	
				Drunkard	6665	
				Abco?	6936	