

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 ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESRV. ☐	OTHER ☐
2. NAME OF OPERATOR CONOCO INC.							
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1050' FSL + 1050' FEL At top prod. interval reported below At total depth							
14. PERMIT NO. DATE ISSUED BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA							
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	
9/7/83		9/20/83		12/15/83		7091' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
6136'		6050'		2		ROTARY TOOLS ☒ CABLE TOOLS ☐	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3535'-3915' PICTURED CLIFFS							25. WAS DIRECTIONAL SURVEY MADE YES.
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CBL, CCL							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"	36 #	304'	12 1/4"	225 SXS - 265 FT ³		CMT. CIRC	
5 1/2"	15.5 #	6134'	7 7/8"	1675 SXS - 2620 FT ³		TDC @ 1722' KB	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/4"	3521'	4200'
31. PERFORATION RECORD (Interval, size and number) 3535'-3915' w/ 1 JSPF (TOTAL 21 PERFS)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				3535'-3915'		32 BBLs 15% HCL-NE-FE, 500,039 SCF OF N, 53,235 LBS 20/40 SAND.	
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
12/18/83		FLOWING				SHUT-IN	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/22/83	24	—	—	0	689	0	—
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
105	220	—	0	689	0	—	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) PENDING CONNECTION						TEST WITNESSED BY G.D. FLOWERS	
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		TITLE			DATE		
Wm A. Huber		Administrative Supervisor			12/2/84		

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

NMOCC

BY

Smm

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Pict. Cliffs	3504'	3645'	GAS	OJO ALAMO	2861'
CLIFF HOUSE	5217'	5317'	OIL, GAS, WATER	KIRTLAND	3193'
Pt. Lookout	5637'	5904'	OIL, GAS, WATER	Pict. Cliffs	3504'
				LEWIS SHALE	3645'
				CHACRA	4424'
				CLIFF HOUSE	5217'
				Pt. Lookout	5637'
				MANCOS	5904'