

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. 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 **Unit L, 2505' FSL + 1150' FWL**  
At top prod. interval reported below  
At total depth

10. FIELD AND POOL, OR WILDCAT  
**MAJAMAR G/SA**

11. SEC., T., R., M. OF BUCK AND SURVEY OR AREA  
**Sec. 20-175-32E**

12. COUNTY OR PARISH  
**LEA**

13. PERMIT NO. **30-025-29967** DATE ISSUED **-**

15. DATE SPUDDED **9-30-87** 16. DATE T.D. REACHED **10-11-87** 17. DATE COMPL. (Ready to prod.) **10-28-87** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* **3963 GL**

20. TOTAL DEPTH, MD & TVD **4203'** 21. PLUG, BACK T.D., MD & TVD **4156'** 22. IF MULTIPLE COMPL., HOW MANY\* **-** 23. INTERVALS DRILLED BY ROTARY TOOLS **All** CUMULATIVE TOOLS **1**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**3553'-4019' MAJAMAR G/SA**

25. TYPE OF REGIONAL SURVEY METHOD **GPS**

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-CBL-CCW**

27. WAS WELL CORDED **No**

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT OF CEMENT
16"	65#	700'	17 1/2"	699 SXS CLASS C	73 SXS
11 3/4"	47#	1950'	14 3/4"	960 SXS CLASS C	NONE
7"	26#	4203'	10 5/8"	1607 SXS CLASS C	850 SXS

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	SCREEN (MD)

31. PERFORATION RECORD (Interval, size and number)  
**3553'-54', 3705'-5866', 3779'-3780', 3947', 78', 81', 90', 99', 4011', 4019' w/3 JSPP**

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<b>3553'-4019'</b>	<b>62 gals 15% HCL - NEZ - FE Sand pack 15700 gal (15700 gal) - linked on 7072 gal HCL - linear fluid + 15700 16-20 5/8" sand - flush 1000 gal acid clean</b>

33. PRODUCTION

DATE FIRST PRODUCTION **10-29-87** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing**

DATE OF TEST **11-19-87** HOURS TESTED **24** CHOKER SIZE **31** PROD'N. FOR TEST PERIOD OIL—BBL. **15** GAS—MCF. **386**

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL—GAL. (GROSS.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **SOLD**

TEST WITNESSED BY **Doug Bulman**

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available information.

SIGNED **[Signature] OF FINNEY** TITLE **Administrative Supervisor**

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

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# 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 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 notified 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 38.

Item 4: If there are no applicable State requirements for well completion reports 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 a reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Item 22 and 24: If this well is completed by 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 zone (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.)

**37. SUMMARY OF POROUS ZONES:**

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING CORED INTERVALS, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				7-River	2381		+1605
				Queen	2985		+1001
				Grayburg	3172		+814
				San Andria	3707		+279

**38. GEOLOGIC MARKERS**

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
7-River	2381		+1605
Queen	2985		+1001
Grayburg	3172		+814
San Andria	3707		+279

RECEIVED  
 DEC 1 1987  
 HOBBES OFFICE