

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. RESVR. ☐	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 E, 1980' FNL + 660' FWL Sec. 27, T20S, At top prod. interval reported below R38E At total depth											
14. PERMIT NO.		DATE ISSUED									
30-025-07841											
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
3-21-51		5-21-51		2-29-88		3544'					
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS			
9392'		6344'				All		CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5871' - 6321' (Blinebry) (SJS)							25. WAS DIRECTIONAL SURVEY MADE NO				
26. TYPE ELECTRIC AND OTHER LOGS RUN GR - CNL - 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	
		ORIGINAL		CASING SET IN		WELL					
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
										2 7/8"	
										6202'	
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5871' - 5965' 6005' - 6321'										DEPTH INTERVAL (MD)	
										5871' - 6321'	
										AMOUNT AND KIND OF MATERIAL USED	
										Washed w/30 lbs HCl acid, Sand frac, acidized w/30 lbs HCl acid, sand frac.	
33.* PRODUCTION										WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)								Producing	
2-29-88		Pumping									
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
4-6-88		24						55		225	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
										5	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY	
SOLD										GREG Ashdown	
35. LIST OF ATTACHMENTS										ACCEPTED FOR RECORD	
										SJS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records										MAY 31 1988	
SIGNED [Signature] TITLE ADMINISTRATIVE SUPERVISOR										DATE 5-4-88	
(See Instructions and Spaces for Additional Data on Reverse Side)										CARLSBAD, NEW MEXICO	

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 POOROUS 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				38. GEOLOGIC MARKERS		
FORMATION		TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	1440	2743'	Anhydrite	Rustler	1440'	1440'
Yates	2743	3002	Silty sand, shale	Yates	2743'	2743'
Seven Rivers	3002	3562	Dolomite, limestone	Queen	3562'	3562'
Queen	3562	3710	SAND	Tubb	6350'	6350'
SAV ALRES	3966	5435	Dolomite, limestone	Devonian	7965'	7965'
Glorietta	5435	5615	SANDY, limestone	Ellenburger	9233'	9233'
Tubb	6350	6650	SANDY, shale			
DRINKARD	6650	6955	Limy Dolomite			
Abo	6955	7660	Dolomite			
Devonian	7660	7965	Dolomite, limestone			
Wasselman	7965	8298	Dolomite, chert			
Montoya	8298	8592	Limestone			
Simpson	8592	9233	SAND, shale, Dense Limestone			
Ellenburger	9233	9355	Dolomite			