

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

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, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface Unit Letter I, Sec. 29, T20S, R38E

At top prod. interval reported below 1650' FSH + 890' FEW

At total depth

14. PERMIT NO.

30-025-27692

DATE ISSUED

15. DATE SPUDDED

1-4-82

16. DATE T.D. REACHED

5-6-82

17. DATE COMPL. (Ready to prod.)

4-8-88

18. ELEVATIONS (DF, RKE, RT, GR, ETC.)*

3527.1' GR

20. TOTAL DEPTH, MD & TVD

9325'

21. PLUG, BACK T.D., MD & TVD

6235' 7100'

22. IF MULTIPLE COMPL., HOW MANY*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5879' - 6088' (Blinbry)

26. TYPE ELECTRIC AND OTHER LOGS RUN

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

ORIGINAL CASING Set IN Well

29. LINER RECORD

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

31. PERFORATION RECORD (Interval, size and number)

5879' - 6088' w/ JS PF, 21 holes

33.* PRODUCTION

DATE FIRST PRODUCTION

4-8-88

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Pumping

DATE OF TEST

4-26-88

HOURS TESTED

24

CALCULATED 24-HOUR RATE

FLOW. TUBING PRESS.

CASING PRESSURE

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

SOLD

35. LIST OF ATTACHMENTS

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

SIGNED

D.F. Finley

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

TITLE Administrative Supervisor

DATE 5-9-

BLM CARLSBAD (6) AR 6. (2) Amoco (2)

5. LEASE DESIGNATION AND SERIAL

LC-031695 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

WARREN Unit

8. FARM OR LEASE NAME

WARREN Unit Blinbry

9. WELL NO.

86

10. FIELD AND POOL, OR WILDCAT

Blinbry Oil & Gas

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29-T20S-R38E

12. COUNTY OR PARISH

LEA

13. STATE

NM

19. ELEV. CASINGHEAD

23. INTERVALS DRILLED BY

ROTARY TOOLS

All

CABLE TOOLS

25. WAS DIRECTIONAL SURVEY MADE

NO

27. WAS WELL CORED

No

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

DEPTH INTERVAL (MD)

5879' - 6088'

AMOUNT AND KIND OF MATERIAL USED

Acidized w/ 42 lbs 1590
acid, sand frac w/ 784 lbs
fluid

INSTRUCTIONS

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, and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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.

Item 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. (See instruction for items 22 and 24 above.)

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	FORMATION		DESCRIPTION, CONTENTS, ETC.		38. GEOLOGIC MARKERS	
	TOP	BOTTOM	NAME		MEAS. DEPTH	TRUE VERT. DEPTH
Gates	2707	2970	Sandy, shale		2707	2707
Seven Rivers	2970	3541	Lime, Dolomite		3949	3949
Queen	3541	3692	SAND		6468	6468
SAU ANDROS	3692	5400	Dolomite		8071	8071
Glorietta	5400	5618	SANDY LIME			
Tubb	5618	6740	SANDY LIME			
DRIVEARD	6740	7053	Dolomite, Limestone			
Abo	7053	7773	Dolomite			
DEUDONIAU	8071	8336	Dolomite, Limestone			
Fusselman	8336	8637	Dolomite			
Montoya	8637	8924	Limestone			
Simpson	8924	TD	SAND, SILTSTONE, Limestone, Shale			

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

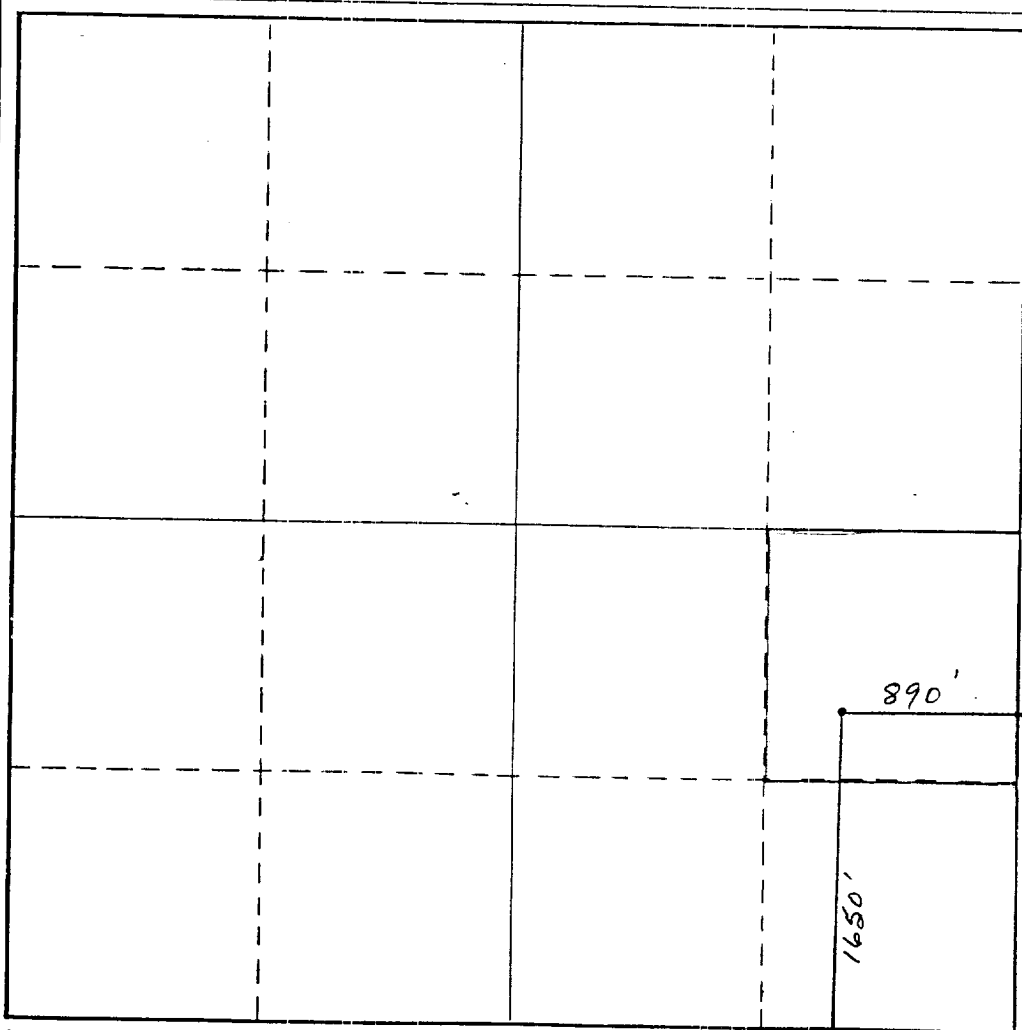
Operator CONOCO INC.			Lease WARREN Unit		Well No. 86
Unit Letter I	Section 29	Township 20 South	Range 38 EAST	County LEA	
Actual Footage Location of Well: 1650 feet from the South line and 890 feet from the EAST line					
Ground Level Elev. 3527.1	Producing Formation Blinberry Oil & Gas		Pool Blinberry Oil & Gas		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name *D.F. Kinney*
Position *Administrative Supervisor*
Company *CONOCO INC.*

Date *5-19-88*

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer and/or Land Surveyor _____

Certificate No. _____

RECEIVED

JUN 6 1988

OCD
HOBBS OFFICE