

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 _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0959228-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Continental Oil Company		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Jensen Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1594' FNL + 660' FWL, Sec 2, T-21S, R-25E, Chis. County, N. Mex. At top prod. interval reported below _____ At total depth Same		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Und. Springs - Upper Penn.	
15. DATE SPUNDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) 12-19-68		11. SEC., T., R. & M., OR BLOCK AND SURVEY OR AREA Sec. 2, T-21S, R-25E	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3309 DF		12. COUNTY OR PARISH Chis.	
19. ELEV. CASINGHEAD _____		13. STATE N. Mex.	
20. TOTAL DEPTH, MD & TVD 10,362'		21. PLUG, BACK T.D., MD & TVD 9390'	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8088' - 8104' Cisco Canyon		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN 1 Temperature; 2 BHC GN/Sonic		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well) ALL			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
16"	65#	291'	20"
9 5/8"	36#	2764'	13 3/4"
7"	23#	9495'	8 3/4"
CEMENTING RECORD		AMOUNT PULLED	
250 CY. Class H			
1325 CY.			
350 CY. Class C			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/4"	8136	7760'	
31. PERFORATION RECORD (Interval, size and number)			
8088, 8090, 8092, 8094, 8096, 8098, 8100, 8102, & 8104 with 1/15 PF			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
7810 - 8110'	950 Gals. 10% MCA Acid - squeezed into formation with nitrogen		
33. PRODUCTION			
DATE FIRST PRODUCTION _____	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____		WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
12-19-68	2	20/64	267
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. 267
2050			9,900
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) regulating for control		TEST WITNESSED BY Mr. B. H. McHarris	
35. LIST OF ATTACHMENTS		DATE 1-19-69	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED M. E. Yeakley		TITLE Staff Supervisor	
DATE 1-19-69			

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

U.S.G.L. - 5 Cdd. Wood 2 File

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.

tion 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 citation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

For each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 22: "Socius 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.)

DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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