

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 ☒ <u>Dual</u>
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 & 930' FEL At top prod. interval reported below ☒ At total depth ☒							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 7-7-77							
16. DATE T.D. REACHED 7-14-77							
17. DATE COMPL. (Ready to prod.) 8-15-82							
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6892' GR							
19. ELEV. CASINGHEAD NA							
20. TOTAL DEPTH, MD & TVD 5960'		21. PLUG, BACK T.D., MD & TVD 5876'		22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3530'-3556' Pictured Cliffs						25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR CAL CNL FDC						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED			
		NO	change				
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		NONE					4000'
31. PERFORATION RECORD (Interval, size and number) 3530', 32', 34', 36', 42', 44', 46', 48', 50', 54', 3556' w/ 100PF.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
3530'-3556'				3666 15% NE-EE-HCL Fnc w/ 20 quality foam Impd 376666 of 2% KCL water, 69,220 # 10/20 sd			
33.* PRODUCTION							
DATE FIRST PRODUCTION 8-23-82		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 8-23-82	HOURS TESTED 24	CHOKE SIZE NA	PROD'N. FOR TEST PERIOD →	OIL—BBL. —	GAS—MCF. 2233	WATER—BBL. —	GAS-OIL RATIO —
FLOW. TUBING PRESS. NA	CASING PRESSURE NA	CALCULATED 24-HOUR RATE →	OIL—BBL. —	GAS—MCF. 223.3	WATER—BBL. —	OIL GRAVITY-API (CORR.) —	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						TEST WITNESSED BY G. ACCEPTED FOR RECORD	
35. LIST OF ATTACHMENTS A detailed Sundry Notice will Follow							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED James A. Vachon				TITLE Administrative Supervisor			
DATE 9-21-82				DISTRICT FARMINGTON DISTRICT			

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

NMCCG

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
Pictured Cliffs	3530	3556	Gao	Nacimiento	1504
Point Lookout	5650	5793	Gao	Ojo Alamo	2878
				Kirtland Fruitland Pictured Cliffs	3135' 3380 3530 (Corrected)
				Cliff House	5140
				Point Lookout	5650
				TD	5956 499