

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 12-1

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP EN PLUG BACK DIFF. LBSVR. Other _____

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FNL & 560' FEL, Section 23, T17S, R32E, Lea County, N. Mex.
At top prod. interval reported below
At total depth Same

5. LEASE DESIGNATION AND SERIAL NO. IF INDIAN, ALLOTTEE OR TRIBE
L.C. 058698

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
247

10. FIELD AND POOL, OR WILDCAT
Magallon Repress (SPT) Pool

11. SEC., T., R., M., OR BLOCK AND S. OR AREA
Sec. 23, T17S, R32E

12. COUNTY OR PARISH
Lea

13. STATE
N. Mex.

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPEUDED 7-30-68 16. DATE T.D. REACHED 8-12-68 17. DATE COMPL. (Ready to prod.) 8-19-68 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4,044 DF 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 4310 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOL _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
San Andres 4055'-4230'

25. WAS DIRECT SURVEY MADE
no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Mammey Ray neutron

27. WAS WELL CORRE
yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PUL.
7 7/8	24#	1035	12 1/4"	775	
4 1/2	9.5#	4310	6 3/4"	275	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET
2 3/8	4095	

31. PERFORATION RECORD (Interval, size and number)
4055, 4057, 4059, 4079, 4135, 4199, 4196
4148, 4151, 4156, 4162, 4212, 4230'
w/1 & 8PF.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4055-4230	20,000 gals. 20% HCl 20,000 gals. gelled w/ 20,000 #50

33. PRODUCTION

DATE FIRST PRODUCTION 8-21-68 PRODUCTION METHOD Pumping WELL STATUS Producing or shut-in producing

DATE OF TEST	HOURS TESTED	CHOKED SIZE	TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-28-68	24		→	47	9	10	213

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HR R RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (COR.)
		→	47	9	10	37

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY M. K. Chamberlin

35. LIST OF ATTACHMENTS _____

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

SIGNED M. E. Youell TITLE Adm. Section Chief DATE 9-6-65

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

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 locally, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the manner 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, and/or State office. See instructions on items 22 and 21, and 25; 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 of log and pressure tests, and directional surveys), should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. Should be listed on this form, see item 27.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements, or Federal office for specific instructions.

Item 12: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any 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 21 interval or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 22. Submit a separate report (page) on this form, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 25: "Secks General?": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cement.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 21 above.)

37. SUMMARY OF INTERVAL ZONES:			38. GEOLOGIC MARKER		
SHOW ALL INTERVAL ZONES OF POROSITY AND CONTENTS THEREOF; COILED INTERVALS; AND ALL HOLE-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TANK TEST, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPT.
	4,050	4,100	Rec. 50' Ad. + Dols. w/1/3' of stained Ad. + Dols.	Rueter	1,007
	4,100	4,150	Rec. 50' steam + tan Dols. analysis fractured + some pin point porosity; 22.1' of fair to good show.	Selaska	1,120
	4,150	4,200	Rec. 50' of Dols. steam + tan - more analysis - 9.9' of poor to fair show.	Yates	2,343
				Lower River	2,715
				Over	3,316
				Hoylung	3,703
				& gone	4,017
				San Andae	4,101
				get gone	4,231
				get gone	4,293