

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved
Budget Bureau No. 42-85555

4. LEASE DESIGNATION AND SERIAL NO.

LC 032096 a

5. IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR REVISION 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 DIPP. RESVR. 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 + 1980' FWL, Section 35, T-21S, R-37E,
See County, New Mexico.
At top prod. interval reported below
Same
At total depth
Same

7. UNIT AGREEMENT NAME
NMFCL

8. FARM OR LEASE NAME
Lockhart A-35

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Wantz Abo

11. SEC. OR M., OR BLOCK AND SURVEY OR AREA
Sec. 35, T-21S, R-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 1-12-68 16. DATE T.D. REACHED 1-26-68 17. DATE COMPL. (Ready to prod.) 2-9-68 18. ELEVATIONS (DT, DRP, RT, GR, ETC.)* 3386 DF 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 7350 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 2 23. INTERVALS DRILLED BY ROTARY TOOLS 65 4-7350 CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6701-7347 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN _____ 27. WAS WELL CORED _____

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	227		200 Sacks	None
9 5/8	36	2455		500 "	None
7	23	6544		500 "	None

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5	6350	7350	95		2 7/8	7302	

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6701-7342	3250 Gallons 15% LSTNE 44000 gallons gelled salt water, 13000 lbs. Sand.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
2-15-68	Ramp	Prod.					
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-15-68	24	Open	→	40	17	60	425
FLOW, TUBING PRESS.	CASING PRESSURE	ALCALULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→				42	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Sold to Skelley Oil Company

TEST WITNESSED BY
B. K. Rampley

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 Robert Gault III TITLE: Adm. Sec. Chief DATE 6-2-68

*(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 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 53, 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 57.

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 13: 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 each 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 CONVEYERS THEREOF; CORRE INTERVALS; AND ALL WELL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTS, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
	TOP	BOTTOM	NAME
	TOP	BOTTOM	MEAS. DEPTH
	TOP	BOTTOM	TRUE VERT. DEPTH
	TOP	BOTTOM	6606
	TOP	BOTTOM	Abo