

HOBBS OFFICE OCC

U. S. LAND OFFICE **Las Cruces**
SERIAL NUMBER **029406 (b)**
LEASE OR PERMIT TO PROSPECT **Lea.**

1962 MAY 25 UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

Company **Continental Oil Company** Address **Box 427**
Lessor or Tract **Grace Mitchell "B"** Field **Maljamar** State **New Mexico**
Well No. **5** Sec. **5** T. **17** R. **32** Meridian **NMPN** County **Lea**
Location **1980** ft. **SW** of **N** Line and **660** ft. **SW** of **E** Line of **5-17-32** Elevation **4131**
(Derrick floor relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed *[Signature]*
Date **5-24-62** Title **District Superintendent**

The summary on this page is for the condition of the well at above date.

Commenced drilling **4-16**, 19 **62** Finished drilling **4-21**, 19 **62**

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from **3830** to **4132** No. 4, from _____ to _____
No. 2, from _____ to _____ No. 5, from _____ to _____
No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____ No. 3, from _____ to _____
No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From—	To—	
7 5/8	24	STAC	H-40	1007	Guide				Surface Production
4 1/2	9.5	STAC	H-40	3880	Full Flow				

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
7 5/8	1007	475	Pump & Plug		
4 1/2	3880	200	Pump & Plug		

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth set _____
Adapters—Material _____ Size _____

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out

TOOLS USED

Rotary tools were used from **0** feet to **4132** feet, and from _____ feet to _____ feet
Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

DATES

_____, 19____ Put to producing **May 16,** 19 **62**

The production for the first 24 hours was **60** barrels of fluid of which **100** % was oil; _____ % emulsion; _____ % water; and _____ % sediment. Gravity, °Bé. **78**

If gas well, cu. ft. per 24 hours _____ Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. _____

EMPLOYEES

C. B. Henderson *, Driller **C. L. Gray ***, Driller
R. W. Shields *, Driller **Lee Ray Boss ***, Driller

FORMATION RECORD

FROM—	TO—	TOTAL FEET	FORMATION
0	960	960	Red beds
960	1074	114	Anhyd.
1074	2106	1032	Salt
2106	2268	162	Anhy. & sh.
2268	2602	334	Anh., sh. & sd.
2602	3217	615	Anh., sh., sd., & dolo.
3217	3673	456	Sd. & anhyd. sm dolo
3673	3927	254	Dolo & anhyd., sm sd.
3927	3959	32	Sd. & shale
3959	4080	121	Dolo
4080	4132	52	Sd.

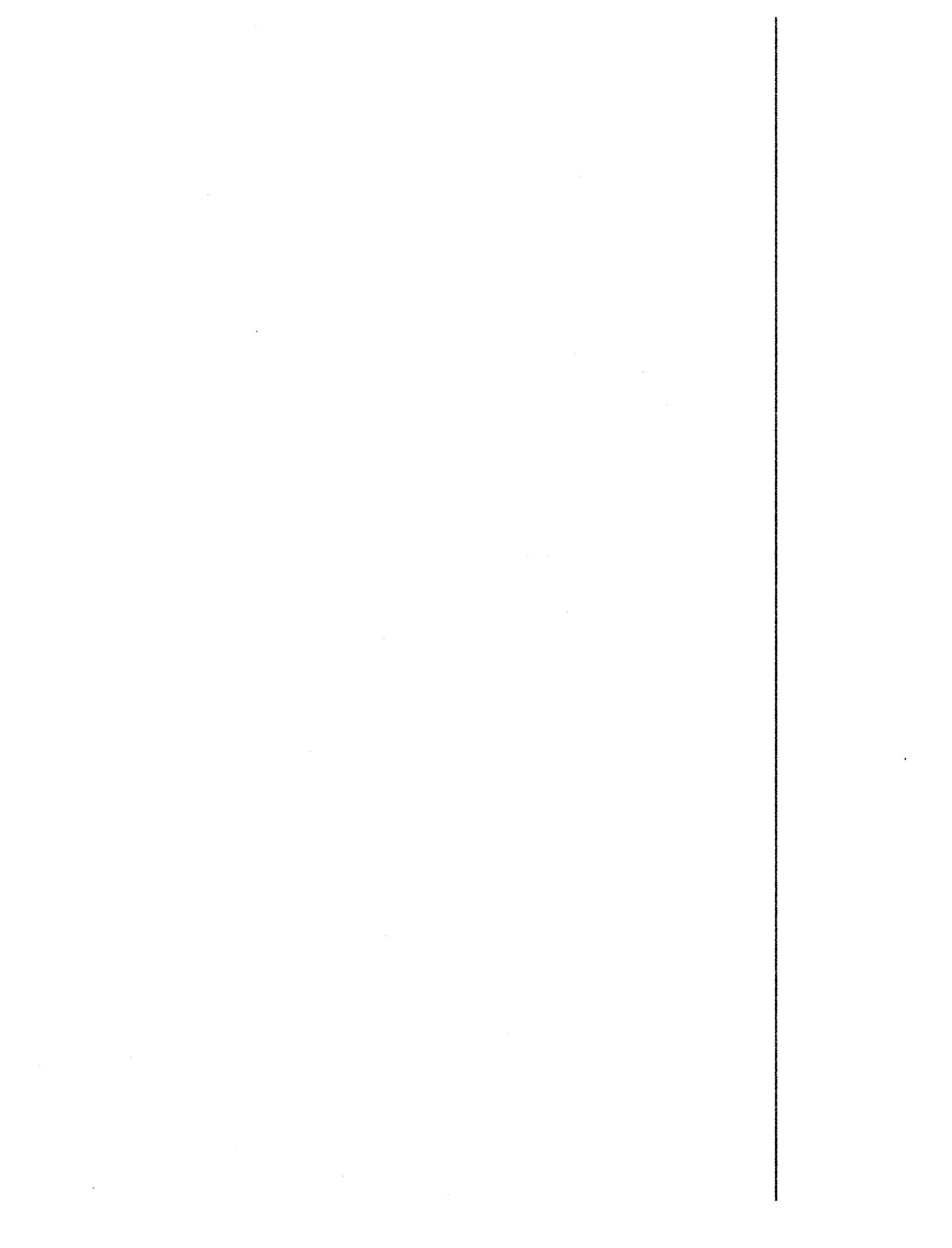
*Employees of Blue Pacific Drilg. Co.



LTR



Job separation sheet



REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

5-23-62
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company
(Company or Operator)

Grace Mitchell
(Lease)

Well No. 5, in SE 1/4 NE 1/4

H Unit Letter, Sec. 5, T. 17, R. 32, NMPM, Hobbs Pool

Lea

County. Date Spudded 4-16-62

Date Drilling Completed 4-21-62

Please indicate location:

Elevation 4131 Total Depth 4132 PBTD -

Top Oil/Gas Pay 3880 Name of Prod. Form. Grayburg-San Andres

D	C	B	A
E	F	G	H K
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations

Open Hole 3880-4132 Depth Casing Shoe 3880 Depth Tubing 3837

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 60 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 20/64

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000 gal crude, 49,500 lbs sand, 2350 lbs Adomite

Casing Tubing Date first new Press. 300 Press. 50 oil run to tanks 5-16-62

Oil Transporter Continental Pipeline Company - Artesia, New Mexico

Gas Transporter None - Vented

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____

Continental Oil Company
(Company or Operator)

By: *[Signature]*
(Signature)

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title District Superintendent

Title _____

Send Communications regarding well to:

Name Continental Oil Company

MMOCC (4) WAM File

Address Box 427 - Hobbs, New Mexico