

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.

(See other in-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

2. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ Other ☐

3. NAME OF OPERATOR

Continental Oil Company

4. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico 88240

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1295' FWL + 1520' FWL Dec. 20, J. B. 30' OP

At top prod. interval reported below

Same.

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

Work string
3-30-70

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

4-11-70

18. ELEVATIONS (DE, REB, RT, CR, ETC.)*

3986' KB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

5349'

21. PLUG BACK T.D., MD & TVD

PBTD-4080'

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)*

San Andres 3802' - 4073

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

Depth control log 4230' - 3230'

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
8 5/8		235	12 1/4	150 SY	(Circ)
5 1/2		5347	7 7/8	650	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	4043	

31. PERFORATION RECORD (Interval, size and number)

4091, 4101, 4106, 4109 - 2 1/2" - 150 sy and
4091 + 4101 - 2 1/2" - 100 sy and
3977, 3979, 3997, 4031, 4035, 4044, 4067, 4073
w/ 2 JSPP

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4091, 4101, 4106, 4109	acid - 150 sy and 100 sy
4091 + 4101	" " 100 " "
3977 - 4000	acid w/ 10000 sy and
4067 + 4073	" 2000 sy and

33. PRODUCTION

DATE FIRST PRODUCTION 4-11-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 4-20-70	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 163	GAS—MCF. 108	WATER—BBL. 8	GAS-OIL-RATIO 662
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

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

TITLE

Supervisor

DATE

9-16-70

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

11565-4 7-10
MCA Unit

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 28, below regarding separate reports for separate completions.

If you have prior to the log 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 10: Indicate which elevation is used.

Item 22: Indicate which elements are used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 26: 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 show the producing 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, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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.)

SHOW AND INDICATE ZONES OF POROSITY AND CONTENTS THEREOF; COILED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERNAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

RECEIVED
SEP 20 1970
OIL CONSERVATION COMM.
HOBBBS, N. H.