

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Item 15-42-R-1000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ PLUG BACK ☒ DEPT. RESVR. ☒ Other _____		6. IF INDIAN, ADOPTED OR TRIBE NAME LC-029405 (2)	
2. NAME OF OPERATOR Continental Oil Company				7. UNIT AGREEMENT NAME MCA	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240				8. FARM OR LEASE NAME MCA Unit Bty. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 1980' FNL & 4460' FUL of Sec 20 At top prod. interval reported below At total depth Same				9. WELL NO. 253 (formerly misc'd)	
14. PERMIT NO.				15. DATE ISSUED	
10. DATE 3-16-70				11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec 20, T-17S, R-32E	
16. DATE T.D. REACHED 3-20-70				12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 3-20-70				13. STATE N. Mex.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3968' DF				14. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 5350		21. PLUG BACK T.D., MD & TVD 4120		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY				24. ROTARY TOOLS	
25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3721' - 4046' San Andres				26. WAS DIRECTIONAL SURVEY MADE	
27. TYPE ELECTRIC AND OTHER LOGS RUN NONE				28. WAS WELL CORED	
29. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
7 7/8		26.4		747	
4 1/2		9.5		5350	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
11		Circ. bit		none	
6 3/4		350		11	
30. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
2 7/8		4039'			
31. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 7/8		4039'			
32. PERFORATION RECORD (Interval, size and number)					
4016' + 4046' w/2 1/2" JSPF					
33. PRODUCTION					
DATE FIRST PRODUCTION 3-20-70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or Shut-in) Producing
DATE OF TEST 3-31-70		HOURS TESTED 33		CHOKED SIZE 1/8"	
FLOW, TUBING PRESS. 140		CASING PRESSURE 250		CALCULATED 24-HOUR RATE 289	
OIL—BBL. 277		GAS—MCF. 111.5		WATER—BBL. 30	
OIL GRAVITY-API (CORR.) 402.5		GAS GRAVITY-API (CORR.) 399		WATER GRAVITY-API (CORR.) 31	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold					
35. TEST WITNESSED BY Mr. M. K. Chas. H.					
36. 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 **Staff Supervisor**DATE **4-1-70**

911094

(See instructions and spaces for Additional Data on Reverse Side)

GENERAL: This form is designed for submitting a complete and correct well completion report and log on all types of wells 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 or State office. See instructions on items 30 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary report is submitted, copies of all currently available logs (44 inches and 60 inches) must be submitted.

tion and pressure tests, and directional survey, 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 42: 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.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 99, and in Item 91 show the production from individual completion intervals.

Item 29: "Seeks Consent". Attached supplemental records for this well should show that 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 EXISTING ZONES OF POROSITY AND CONTENTS THEREOF; CORRED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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