

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other
instructions
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION 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 ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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

At surface 770' FSL & 560' FWL of Sec. 15, T-17S,

R-32E, Lea County, New Mexico, NMMP

At total depth Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH
Lea13. STATE
N.M.

15. DATE SPUDDED 6-24-65 16. DATE T.D. REACHED 7-31-65 17. DATE COMPL. (Ready to prod.) 9-29-65 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4027 DF 19. ELEV. CASINGHEAD 4015

20. TOTAL DEPTH, MD & TVD 9950 Lm 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* Single 23. INTERVALS DRILLED BY 0-9950 ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE

Wolfcamp 9732-9878

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

Temp Survey, Gamma Ray Acoustic, Gamma Ray

None

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"	40#	890	17 1/2	665 sx Cl C Cmt	None
9 5/8"	36#	4622	12 1/4	1769 sx Cl C Cmt	None
7"	23 & 26#	9950	8 3/4	530 sx Cl C Cmt	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2 3/8	9772	None

31. PERFORATION RECORD (Interval, size and number)

Wolfcamp-9732, 9736, 9761, 9769, 9798
9803, 9808, 9822, 9836, 9841 9846,
9857, 9874, 9878, W/ 1 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9732-9878	5000 gal 15% ISTNE

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
9-29-65		Flowing					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
9-29-65	24	30/64	→	200	171.2	30	856	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
75	1050	→	200	171.2	30	856		

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

TEST WITNESSED BY

Sold CONTinental Oil Co., Malj. Gasoline Plt. #60

J. R. Cook

35. LIST OF ATTACHMENTS

None

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

SIGNED

H. R. Stephens

TITLE

Staff Supervisor

DATE

10-1-65

*(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 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 33, 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 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 18: 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) and bottom(s) and name(s) (if any) for only 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.)

7. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	DEPTH
Red Beds	0	819	Red Beds				
stler	819	960	Anhy				
lt	960	2009	Salt				
nsell	2009	2165	Anhyd				
tes	2165	2516	Anhyd & Sand				
ven Rivers	2516	3125	Any, sd & dolo				
een	3125	3523	Sand & Anhyd, S1 shale				
ayburg	3523	3899	Sand & dolo				
n Andres	3899	5394	Dolo				
orietta	5394	5474	Sand				
-Paddock	5474	7583	Mostly dolo, sm sd, & shale				
oo	7583	8919	Shale, dolo				
oo Pay	8919	9051	Dolo				
lfcamp	9051	9950	Limestone				