

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
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 _____		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029405(6)</u>																			
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																			
2. NAME OF OPERATOR <u>Continental Oil Company</u>		7. UNIT AGREEMENT NAME <u>MCA Unit Rigs</u>																			
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>		8. FARM OR LEASE NAME <u>MCA Unit Bty 1</u>																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1345' FSL + 2615' FWL, Sec. 20, T-17S, R-32E, Lea County, N. M.</u> At top prod. interval reported below <u>Same</u> At total depth <u>Same</u>		9. WELL NO. <u>266</u>																			
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT <u>Maj. C-SA Rigs</u>																			
15. DATE SPUDDED <u>3-8-71</u>		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec. 20, T-17S, R-32E</u>																			
16. DATE T.D. REACHED <u>3-17-71</u>		12. COUNTY OR PARISH <u>Lea</u>																			
17. DATE COMPL. (Ready to prod.) <u>3-24-71</u>		13. STATE <u>N.M.</u>																			
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>3970 GR</u>		19. ELEV. CASINGHEAD _____																			
20. TOTAL DEPTH, MD & TVD <u>4110'</u>		21. PLUG, BACK T.D., MD & TVD <u>4056</u>																			
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY <u>Rotary</u>																			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>3792-4045 San Andres</u>		25. WAS DIRECTIONAL SURVEY MADE <u>Yes</u>																			
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>OH log - Correlation log</u>		27. WAS WELL COBED <u>No</u>																			
28. CASING RECORD (Report all strings set in well)																					
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Sold</u>																					
35. LIST OF ATTACHMENTS <u>None</u>																					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																					
SIGNED <u>[Signature]</u> TITLE <u>Administrative Supervisor</u> DATE <u>4-22-71</u>																					

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

USGS(5) MCA(3) File

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 16: 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 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 26: "Seals Cemented": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 28: 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 CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TUBE TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Queen	3011	
				Grayburg	3382	
				Hamlin	3756	
				Lorington	3886	

RECEIVED

MAY 1971

OIL CONSERVATION COMM.
HOBBS, N. M.