

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R3555.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 029410(a)	
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 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 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1295' FNL and 1295' FWL of Sec 29 At top prod. interval reported below Same At total depth Same		9. WELL NO. 290	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Meli G-SA Rmss	
DATE ISSUED		11. SEC'T., R., M., OR BLOCK AND SURVEY OR AREA Sec 29, T-17S, R-32E	
15. DATE SPUNDED 7-5-71		12. COUNTY OR PARISH Lea	
16. DATE T.D. REACHED 7-13-71		13. STATE N.M.	
17. DATE COMPL. (Ready to prod.) 8-2-71		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3937' 2"	
19. ELEV. CASINGHEAD		20. TYPE ELECTRIC AND OTHER LOGS RUN SMP and LL-9	
21. TOTAL DEPTH, MD & TVD 4080'		22. PLUG, BACK T.D., MD & TVD 4073'	
23. IF MULTIPLE COMPL., HOW MANY*		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* TOP - 3719' Base - 4035' Grayburg San Andres	
25. INTERVALS DRILLED BY		26. WAS DIRECTIONAL SURVEY MADE yes	
ROTARY TOOLS		27. WAS WELL CORED no	
CABLE TOOLS		28. Casing Record (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 3987', 4008', 4018', 4028', 3834', 42', 48', 54', 58', 3901', 08', 13', 18', 34', 38', 3945', 3770', 3778', 3736', 3740'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3901'-3945' 3834'-3775' 3724'-3778' 3724'-3778' AMOUNT AND KIND OF MATERIAL USED 1500 gals 15% NE acid 3000 gals. gel wtr + 10,000 gals NE acid 3000 gals 15% NE acid Fract'd w/ 20,000 gals gel wtr and 25,000 # 20/40 sand	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold	
DATE FIRST PRODUCTION 8-2-71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 8-8-71		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24		CHOKE SIZE 2 1/2"	
FLOW, TUBING PRESS.		OIL—BBL. 211	
CASING PRESSURE		GAS—MCF. 206	
CALCULATED 24-HOUR RATE		WATER—BBL.	
OIL—BBL.		OIL GRAVITY-API (CORR.)	
GAS—MCF.		TEST WITNESSED BY Mr. Morris Chambless	
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 [Signature]		TITLE Admin Supervisor	
DATE 8-11-71			

*(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 for all types of wells and includes either a Federal agency or a State agency, as both, pursuant to applicable Federal and/or State laws and regulations. Any and all special instructions concerning the use of this form and the number of copies to be submitted, particularly as it pertains to Federal and/or State agencies, are shown below or within the report. Federal procedures and practices, either as shown below or within the report, and 24, and 22, below regarding separate reports for separate completions.

[illegible]

Item 6: If there are no applicable State requirements, basefund on Federal or Local Fund in compliance with Federal requirements. Consult local state or Federal office for specific instruction.

Item 16: Indicate which section in row 2 or 6, for (color) and others is allowed for the comments given in other spaces of this form and in the attachments.

Item 22 or 24: If this value is computed for separate products from more than one interval (or, multiple correlated), so state in Item 22, and in item of your producting interval, or interval, or (c), bottom (s) and n (p) (if any) for only the interval reported in Item 23. Submit a separate report (page) on this form, adequately identified, for each additional product, and for the additional data form of for each interval.

Item 27: *Weekly Column:* Attached to each submitted paper is the title with 50 additional words. The author of any multiple submission is identifying and the location of the corresponding text. **Item 32:** Submit a separate completion report on the basis of the problem sets collected for the previous year (see the previous year's paper 22 and 24 below).

F. SUMMARY OF FORMER'S FINDINGS SHOW AND INFORMATION OBTAINED FROM THE FORMER'S INVESTIGATION AND ALL OTHER SOURCES, INCLUDING DEPTH INTERVAL, LOCATION, TIME, DATE, TYPE, AND RESULTS		GEOLOGIC DIAGRAM	
FORMATION	TOP	NAME	MEAS. DEPTH
		Yates	2074
		Savannah	2433
		Queen	3033
		Gray King	3910
		San Angelo	3911
		Levelland	3952

RECEIVED

AUG 17 1971

OIL CONSERVATION COM.
HOBBS, N. M.

RECEIVED

AUG 17 1971

OIL CONSERVATION COMM.
HOBBS, W. M.