

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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Continental Oil Company						5. LEASE DESIGNATION AND SERIAL NO. LC 029410 b	
3. ADDRESS OF OPERATOR Box 460 Hobbs New Mexico						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1345' FSL and 25' FEL of Sec 30 At top prod. interval reported below Same At total depth Same						7. UNIT AGREEMENT NAME MCA	
14. PERMIT NO.						8. FARM OR LEASE NAME MCA Unit #2	
DATE ISSUED						9. WELL NO. 295	
10. FIELD AND POOL, OR WILDCAT Malj G-SA Repress						11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec 30 T-17S R-32E	
12. COUNTY OR PARISH Dea						13. STATE N. Mexico	
15. DATE SPUNDED 11-17-71		16. DATE T.D. REACHED 11-27-71		17. DATE COMPL. (Ready to prod.) 12-28-71		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3904' gr	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4160'		21. PLUG, BACK T.D., MD & TVD 4125'		22. IF MULTIPLE COMPL., HOW MANY* N/A	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Top - 3837' Bottom - 4097'		25. WAS DIRECTIONAL SURVEY MADE San Andres no		26. TYPE ELECTRIC AND OTHER LOGS RUN GRN collar log, SNP and LL-9	
27. WAS WELL CORED no		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
8 5/8"		20#		800'		12 1/4"	
5 1/2"		14#		4160'		72 8"	
Cementing Record		Amount Pulled		Casing Size		Depth Set (MD)	
Circ - 400 socks				2 1/2"		4060'	
300 socks				N/A		N/A	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
4082', 4078', 4005', 07', 14', 20', 31', 37', 43', 3941', 47', 52', 59', 69', 3975', 3883', 87', 91', 95', 3839', 43', 47', 53', 57', 61', 3865'		DEPTH INTERVAL (MD) 4043'-4005' 4043'-3941' 4082' & 4078'		AMOUNT AND KIND OF MATERIAL USED 1000 gals 15% HCL-NE acid 8000 gals 15% HCL-NE acid 2000 gals 15% HCL-NE acid		DATE FIRST PRODUCTION 12-28-71	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping		WELL STATUS (Producing or shut-in) Producing		DATE OF TEST 1-8-72		HOURS TESTED 24	
CHOKE SIZE —		PROD'N. FOR TEST PERIOD →		OIL—BBL. 364		GAS—MCF. —	
WATER—BBL. 182		GAS-OIL RATIO —		FLOW. TUBING PRESS. —		CASING PRESSURE —	
CALCULATED 24-HOUR RATE →		OIL—BBL. —		GAS—MCF. —		WATER—BBL. —	
OIL GRAVITY-API (CORR.) —		35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		TEST WITNESSED BY Mr. Morris Chambless	
SIGNED [Signature]		TITLE Admin Supervisor		DATE 1-27-72			

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

MCA (G) 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.

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. 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 29: "Seals 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.)

37. SUMMARY OF POROUS ZONES:			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Queen	3140	
				Graybury	3526	
				San Andria	3936	
				Lovington	4054	