

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		MCA	
2. NAME OF OPERATOR		Continental Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		Box 460 Hobbs, New Mexico		MCA Unit #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1345' FSL and 1295' FEL of sec 30		9. WELL NO.	
At top prod. interval reported below		Some		304	
At total depth		Some		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		DATE ISSUED		Mcdj G-SA Repress	
15. DATE SPUDDED		16. DATE T.D. REACHED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
1-1-72		1-10-72		Sec 30, T-17S, R-32E	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (OF RKB, RT, GR, ETC.)*		12. COUNTY OR PARISH	
1-13-72		3895' est g		13. STATE	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD	
—		4175'		4136'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS	
N/A		—		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
Top - 3804'		no		SNP and LL-9	
Bottom - 3937'		San Andres		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION	
33', 29', 25', 21', 17', 13', 10', 07', 3903'		DEPTH INTERVAL (MD)		DATE FIRST PRODUCTION	
17', 55', 51', 47', 31', 28', 25', 19', 13', 3811'		AMOUNT AND KIND OF MATERIAL USED		1-13-72	
		3933'-3899'		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		3847'-3855'		Flowing	
		3831'-3811'		DATE OF TEST	
		3821'-3811'		1-23-72	
				HOURS TESTED	
				24	
				CHOKE SIZE	
				2 1/2" 64"	
				PROD'N. FOR TEST PERIOD	
				277	
				GAS—MCF.	
				198.5	
				WATER—BBL.	
				2	
				GAS-OIL RATIO	
				716.6	
				FLOW. TUBING PRESS.	
				210 psi	
				CASING PRESSURE	
				—	
				CALCULATED 24-HOUR RATE	
				—	
				OIL—BBL.	
				GAS—MCF.	
				WATER—BBL.	
				OIL GRAVITY-API (CORR.)	
				34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
				Sold	
				TEST WITNESSED BY	
				Mr. Morris Chambliss	
				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	
				TITLE Admin Supervisor	
				DATE 1-25-72	

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

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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), 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.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
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				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
				Queen	3113	
				Guy, Bing	3492	
				Saw Andrea	3896	
				Levington	4023	