

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other i.
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. LC-029509(b)	
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		8. FARM OR LEASE NAME MCA Unit Bty 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 1295' FSL and 1295' FWL of Sec 22 At top prod. interval reported below Some At total depth Some		9. WELL NO. 316	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT MALIC-SA Repres	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 22, T-17S, R-32E	
15. DATE SPUDDED 7-3-72		12. COUNTY OR PARISH Lea	
16. DATE T.D. REACHED		13. STATE N. MEXICO	
17. DATE COMPL. (Ready to prod.) 7-22-72		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 4020' gr	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4200'	
21. PLUG, BACK T.D., MD & TVD ---		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 - 3816' Bottom - 4134' Grayling Sandstone	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN SNP and LL-9	
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) 4132'-18', 4112', 4075', 34', 4012', 3962', 53', 47', 3739', 3748', 45', 27', 24', 19' and 3816'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 4132'-4075' 1500 gal 28% HCl acid 4012'-4075' 1000 gal 28% HCl acid 3739'-3748' 1500 gal 28% HCl acid 3816'-3816' 2000 gal 28% HCl acid and 40,000 gal 20% sol	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold	
DATE FIRST PRODUCTION 7-22-72		TEST WITNESSED BY M. J. R. Cook	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		35. LIST OF ATTACHMENTS	
DATE OF TEST 7-26-72		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
HOURS TESTED 24		SIGNED M. E. Yeakley	
CHOKE SIZE 1 1/2" 64"		TITLE Admin. Supervisor	
PRODN. FOR TEST PERIOD ---		DATE 8-9-72	
OIL—BBL. 412			
GAS—MCF. 152			
WATER—BBL. 45			
GAS-OIL RATIO			
FLOW. TUBING PRESS. 650 psi			
CASING PRESSURE ---			
CALCULATED 24-HOUR RATE ---			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
OIL GRAVITY-API (CORR.)			

*(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), 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.)

SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS			
LOCATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
					Queen	3118	
					Grayburg	3483	
					San Andres	3904	
					Hovington	4046	

RECEIVED
AUG 22 1972
OIL CONSERVATION DIST. 50.
HOODS, N. M.