

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other
instructions 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 060199(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		8. FARM OR LEASE NAME MCA Unit 114	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 2615' FNL and 1345' FEL of Sect 29 At top prod. interval reported below Some At total depth Some		9. WELL NO. 29	
14. PERMIT NO.		10. FIELD AND ZONE OR WILDCAT Meli G-SA Repress	
DATE ISSUED		11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA 29	
15. DATE SPUDDED 7-30-72		12. COUNTY OR PARISH Dea	
16. DATE T.D. REACHED 8-6-72		13. STATE N. Mexico	
17. DATE COMPL. (Ready to prod.) 8-21-72		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3941' gr	
19. ELEV. CASING HEAD		20. TOTAL DEPTH, MD & TVD 4125'	
21. PLUG, BACK T.D., MD & TVD 4075'		22. IF MULTIPLE COMPL., HOW MANY? N/A	
23. INTERVALS DRILLED BY →		24. ROTARY TOOLS ☒	
25. CABLE TOOLS		26. WAS DIRECTIONAL SURVEY MADE no	
27. WAS WELL CORED no		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		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
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 **Robert Gault** TITLE **Admin. Supervisor** DATE **8-28-72**

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

11000051 MCA(2) File

INSTRUCTIONS

Complete: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to oil and gas agencies, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form are given in a number of copies to be submitted, particularly with regard to local, area, or regional price lists and procedures, 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 26, 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 24, and 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: "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	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF, CORREL INTERVALS, AND ALL DRILL-STOP LOGS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		NAME	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
		TRUE VERT. DEPTH	
			Queen 3095
			Grayburg 3484
			San Anish 3843
			McClary 4102

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OIL CONSERVATION COMM.
HUBBS, R. L.

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. OPERATOR

Operator Continental Oil Company

Address Box 460 Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change in Lease Name

Change in Ownership ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>MCA Unit Bty 2 319</u>	<u>Malj G-5A Repress</u>	State, ☒ Federal or Fee	
Unit Letter <u>G</u>	<u>2615</u> Feet From The <u>North</u> Line and <u>1345</u> Feet From The <u>East</u>		
Line of Section <u>19</u>	Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co</u>	<u>Box 1510 Midland, Texas</u>
Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Continental Gasline Plant #60</u>	<u>Box 2197 Houston, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>D 28 17S 32E</u> <u>Yes</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'v. ☐	Diff. Res'v. ☐
Date Spudded <u>7-30-72</u>	Date Compl. Ready to Prod. <u>8-21-72</u>	Total Depth <u>4125'</u>	P.B.T.D. <u>4075'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3941' gr</u>	Name of Producing Formation <u>Harpburg San Andres</u>	Top Oil/Gas Pay <u>3783'</u>	Tubing Depth <u>3985'</u>					
Perforations <u>4031', 4026' w/2 1/2" pt - 3996', 92', 87', 80', 75', 68', 24', 20', 13', 07', 3902', 3892', 92', 87', 40', 36', 33', 23', 20', 12', 02', 3803', 3798', 93', 89' and 3785'</u>	TUBING, CASING, AND CEMENTING RECORD	Depth Casing Shoe <u>4125'</u>						
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u> <u>2 3/8"</u>	DEPTH SET <u>800'</u> <u>4125'</u> <u>3985'</u>	SACKS CEMENT <u>Circ - 400 SKS</u> <u>350 SKS</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-21-72</u>	Date of Test <u>8-24-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>119</u>	Water - Bbls. <u>394</u>	Gas - MCF <u>—</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert Gault III
(Signature)
Administrative Supervisor
(Title)
August 25, 1972
(Date)
MCA-3 NMOC 5

OIL CONSERVATION COMMISSION
APPROVED SEP 1 1972, 19____
BY James
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

August 28, 1972

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's MCA Unit
Battery # 2 No. 319, located in Unit G
Section 19, Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>246'</u>	<u>$\frac{1}{4}^{\circ}$</u>	<u>2897'</u>	<u>$1\frac{1}{2}^{\circ}$</u>	_____	_____
<u>485'</u>	<u>$\frac{1}{4}^{\circ}$</u>	<u>3289'</u>	<u>$1\frac{3}{4}^{\circ}$</u>	_____	_____
<u>735'</u>	<u>$\frac{1}{2}^{\circ}$</u>	<u>3577'</u>	<u>2°</u>	_____	_____
<u>800'</u>	<u>$\frac{3}{4}^{\circ}$</u>	<u>4007'</u>	<u>$1\frac{1}{2}^{\circ}$</u>	_____	_____
<u>1021'</u>	<u>$\frac{1}{2}^{\circ}$</u>	_____	_____	_____	_____
<u>1272'</u>	<u>$\frac{1}{2}^{\circ}$</u>	_____	_____	_____	_____
<u>1520'</u>	<u>$\frac{3}{4}^{\circ}$</u>	_____	_____	_____	_____
<u>1743'</u>	<u>$\frac{3}{4}^{\circ}$</u>	_____	_____	_____	_____
<u>1964'</u>	<u>1°</u>	_____	_____	_____	_____
<u>2185'</u>	<u>1°</u>	_____	_____	_____	_____
<u>2488'</u>	<u>$1\frac{1}{2}^{\circ}$</u>	_____	_____	_____	_____

Yours very truly,

Robert Gault III

Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 28th day of August, 1972

2.20.73
My Commission Expires

W. M. Moore
Notary Public