SUBMIT IN DUPLICATE *

Form approved. Budget Bureau No. 42-R355.5.

UNITE STATES	ROBMIT
DEPARTMENT OF THE INTER	RIOR
GEOLOGICAL SURVEY	

DEPARTMENT OF THE INTERIOR Structions of reverse side	n -
WELL COMPLETION OR RECOMPLETION REPORT AND LOG*	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1a. TYPE OF WELL: OIL WELL DRY Other	7. UNIT AGREEMENT NAME
b. TYPE OF COMPLETION:	MCD
WELL A OVER EN BACK RESVR. Other 2. NAME OF OPERATOR	S. PARM OR LEASE NAME
_ Continental oil Co.	9. WELL NO.
3. ADDRESS OF OPERATOR ROV (160 11-AB	330
4. LOCATION OF WELL (Report location clearly and in according with any State requirements).	10. FIELD AND POOL, OR WILDCAT
At top prod. Interval reported below 1295 FWL of Sec 23	11. SEC. G., R., M., OR BLOCK AND SURVEY OR VIEW
At total depth	Sec 23, T-175, P-32E
50 DATE ISSUED	12. COUNTY OR 13. STATE
15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 15. ELEVATIONS (DE DER	La Ningria
10-22-72 11-5-72 11-13-72 LL002	RT, GR, ETC) 19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., URILLED BY	RODARY TOOLS CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTT: M, NAME (MD AND TVD).	\times
108-3905'	25. WAS DIRECTIONAL SURVEY MADE
26. TYPE ELECTRIC AND OTHER LOGS RUN - 4082' They burg Son as	ndres The
PDC-GP-SNP. LL-9	27. WAS WELL CORED
28. CASING RECORD (Report all strings set in well)	<u>Litiza</u>
CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD. HOLE SIZE) CEMENTING	RECORD AMOUNT PULLED
512" 14# 4200' 122" 475 SO	de
71 720 720 500 30	
29. LINER RECORD	
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT SCREEN 2(MD) SIZE	TUBING RECORD DEPTH SET (MD) PACKER SET (MD)
1)1A 22/1	4030 NA
31. PERFORATION RECORD (Interval, eize and number) 82 ACID, SHOT FRACT	
39, 407, 4075, 4079, 3907, 10, 32, 57, DEPTH, INTERVAL (MD)	TURE, CEMENT SQUEEZE, ETC.
1,74,3976,3978,3771,72,73,74: 4039-4079 100	
- (end 3776 3907-3978 150	10 g.l. 15 70 NE ocel
33.	1000 green to the call pr
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump)	
11-13-16 Pumpino	well states (Producing or shy in)
DATE OF TEST HOURS TESTED CHOKE SIZE PRODIN, FOR OIL-BELL GAS-MIF	WATER- BBL. GAS-OIL RATE
FLOW, TUBING PRESS. CASING PRESSURE CALCULATED OIL BBL. GAS-MCF. WATER	98
24-HOUR RATE	BBL. OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED BY
35. LIST OF ATTACHMENTS	Mr. J.R. Cook
36. I hereby certify that the foregoing and attached information is complete and correct as determined from	
SIGNED TITLE abreing Superver	OZ DATE 12-21-72
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NSTRUCTIONS

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.

Hem 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

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 interval, for each additional interval.

Item 29: "Sacks Coment": 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.)

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37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF DEPTH INTERVAL TESTED, CUSH	TANT ZONES: TESTED, CUSHION	ROSITY AND CONTEN	IMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TUSTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT IN THEMSURES, AND RECOVERIES	38. GEOLOG	GEOLOGIC MARKERS	
FORMATION	TOP	MOLLON	DISCRIPTION, CONTENTS, ETC.	Z & Z &	MEAS, DEPTH	TRUE VERT. DEPTH
Grayhura	589E	2783	Core depolas adjusted to logs	3	2 2 2 2	
6.2	3962	4033	depths adjusted	Grayburg	3605	
San Authors Andres	S 0 1	h 13	replus adjusted	Son Anives	4032	
Cone				C		
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