

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 <u>GEORGE</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-059001</u>					
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESV. ☐ Other <u>CARLSBAD AREA HEADQUARTERS</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
2. NAME OF OPERATOR <u>CONOCO INC.</u>		7. UNIT AGREEMENT NAME <u>MCA</u>					
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		8. FARM OR LEASE NAME <u>MCA Unit</u>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1355' FNL & 1330' FWL Unit F</u> At top prod. interval reported below ☒ At total depth		9. WELL NO. <u>371</u>					
14. PERMIT NO. <u>30-025-29955</u>		12. COUNTY OR PARISH <u>Lea</u>					
DATE ISSUED		13. STATE <u>NM</u>					
15. DATE SPUDDED <u>8/10/87</u>	16. DATE T.D. REACHED <u>8/25/87</u>	17. DATE COMPL. (Ready to prod.) <u>9/17/87</u>	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>3926' GR</u>				
19. ELEV. CASINGHEAD	20. TOTAL DEPTH, MD & TVD <u>4250'</u>						
21. PLUG BACK T.D., MD & TVD <u>4208'</u>	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY <u>ALL</u>	24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>3913'-4011' - Maljamar / Grayburg San Andres</u>				
25. WAS DIRECTIONAL SURVEY MADE			<u>Yes</u>				
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>GR-CCL-CBL, GR-DLL-MSFL-CAL, GR-CNL-FDL-CAL</u>			27. WAS WELL CORED <u>No</u>				
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
16"	65#	1065'	17 1/2"	910 SXS CLASS "C"	42 bbls		
11 3/4"	47#	2196'	14 3/4"	1275 SXS CLASS "C"	320 SXS		
7"	26#	4250'	10 5/8"	1st stage-1975 SXS CLASS "H"			
				2nd stage-575 SXS CLASS "C"	83 SXS		
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8"	4011'	
31. PERFORATION RECORD (Interval, size and number) <u>4011', 3993', 3990', 3974', 3972', 3957', 3954', 3951', 3946', 3944', 3917', 3915', 3913' w/1 JSPF</u>				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) <u>4011'-3913'</u> AMOUNT AND KIND OF MATERIAL USED <u>Sand frac w/ 2000 gals x-link pad w/ oppg sd. Pumped 19000 gals gelled fluid w/ 14.0 ppv sd Ottawa 16-30 sd. Pumped 20 bbls gelled fluid for flush.</u>			
33.* PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
<u>9/22/87</u>	<u>Pumping</u>	<u>Producing</u>					
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<u>10/7/87</u>	<u>24</u>		<u>27</u>	<u>40</u>	<u>107</u>	<u>1.481:1</u>	
FLOW. TUBING PRESS.	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.) <u>Sold</u>				TEST WITNESSED BY <u>Bob Shirley</u>			
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 <u>Edward H. Koppard</u>		TITLE <u>Administrative Supervisor</u>		DATE <u>10-16-87</u>			

*(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 38, 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.)

38. GEOLOGIC MARKERS

37. SUMMARY OF POROUS ZONES: 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

DESCRIPTION, CONTENTS, ETC.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			7-Rivers Queen Grayburg San Andres 2665 3269 3457 3997 MEAS. DEPTH TOP TRUE VERT. DEPTH

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WELL COMPLETION OR RECOMPLETION REPORT