

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
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 (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 CONOCO INC.				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240				8. FARM OR LEASE NAME BAISH A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 810' FNL & 500' FNL At top prod. interval reported below Unit D At total depth _____				9. WELL NO. 14	
14. PERMIT NO. 30-025-30363 DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT BAISH Wolfcamp	
15. DATE SPUDDED 7-13-88 16. DATE T.D. REACHED 8-9-88 17. DATE COMPL. (Ready to prod.) 8-30-88 18. ELEVATIONS (DF, REB, BT, GE, ETC.)* 4006				11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA Sec. 22, 17S, 32E	
20. TOTAL DEPTH, MD & TVD 10,000 21. PLUG BACK T.D., MD & TVD 9970 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY → 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9040 - 9906 BAISH Wolfcamp				12. COUNTY OR PARISH LEA 13. STATE NM	
25. TYPE ELECTRIC AND OTHER LOGS RUN GR-CAL-BLL-MSFL-CNB-LDT-BHC-Sonic				19. ELEV. CASINGHEAD _____	
26. CASING RECORD (Report all strings set in well)				25. WAS DIRECTIONAL SURVEY MADE YES	
27. WAS WELL CORED NO				28. WAS WELL CEMENTED NO	
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 **Jeffrey** TITLE **Adm. Supervisor** DATE **11-10-88**

(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 28, 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 (well logs, 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 attachment. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completions), 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	
FORMATION	TOP	MEAS. DEPTH	TRUE VERT. DEPTH
CLAY	1326	5355	1326
SAND	2804	6883	2804
GRAVEL	3554	7583	3554
SOIL	-5011	9040	-5011

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
CLAY	5355	1326
SAND	6883	2804
GRAVEL	7583	3554
SOIL	9040	-5011

DESCRIPTION, CONTENTS, ETC.	DEPTH
CLAY	1326
SAND	2804
GRAVEL	3554
SOIL	-5011