

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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 ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR CONOCO INC.							
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico 88240							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit N, 330' FSL & 1650' FWL At top prod. interval reported below At total depth							
14. PERMIT NO. 30-025-30013				DATE ISSUED			
15. DATE SPUNDED 10-2-87		16. DATE T.D. REACHED 10-17-87		17. DATE COMPL. (Ready to prod.) 11-13-87		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3720' GL	
20. TOTAL DEPTH, MD & TVD 6500'		21. PLUG, BACK T.D., MD & TVD 5064'		22. IF MULTIPLE COMPL., HOW MANY* —		23. INTERVALS DRILLED BY —	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4826' - 4958' East Shugart Delaware						19. ELEV. CASINGHEAD —	
26. TYPE ELECTRIC AND OTHER LOGS RUN CBW-VWB-GR-CCL						25. WAS DIRECTIONAL SURVEY MADE Yes	
27. WAS WELL CORED NO							
29. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8 5/8"	24 #	906'	12 1/4"	570 SX CLASS C		130 SXS	
5 1/2"	14 #	5110'	7 7/8"	3045 SX CLASS C + H		47 BLS	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
NA					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	4988'	NA
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
4826', 28', 31', 32', 35', 37', 40', 42', 44', 45'				DEPTH INTERVAL (MD)			
4911', 15', 20', 40', 42', 44', 46', 48', 52',				4826' - 4958'			
4956', 4958'				AMOUNT AND KIND OF MATERIAL USED			
				2000' gals 15% HCL - NE - FE 1ST, SAND FRK			
				21,000 gals gel pad, 42,700 sand, flush			
				w/ 1209 gals 2% HCL			
33. PRODUCTION							
DATE FIRST PRODUCTION 11-14-87		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 12-9-87	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
				10	TSTM	11	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	ACCEPTED 24-HOUR RATE	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENTING						TEST WITNESSED BY Steve Watkins	
35. LIST OF ATTACHMENTS SJS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED D.F. Finney		TITLE Administrative Supervisor				DATE 12-17-87	

*(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 current 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": Attach and 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: 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			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TOP TRUB VERT. DEPTH
			Queen	3498	
			Grayburg	4008	
			San Andres	4496	
			Delaware	4814	
			Delaware Sands	5118	
			Bone Spring	6443	

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JAN 17 1963
HOBBBS