

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(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-031621(6)	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NMFL	
2. NAME OF OPERATOR CONOCO INC.		7. UNIT AGREEMENT NAME Britt B	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME Britt B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1930' FSL & 1980' FEL At top prod. interval reported below _____ At total depth _____		9. WELL NO. 9	
10. FIELD AND POOL, OR WILDCAT Tubb/Drinkard/Abo		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 15, T-20S, R-37E	
12. COUNTY OR PARISH Lea		13. STATE NM	
15. DATE SHUT-IN 12/21/81	16. DATE T.D. REACHED _____	17. DATE COMPL. (Ready to prod.) _____	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____
20. TOTAL DEPTH, MD & TVD 8530'	21. PLUG, BACK T.D., MD & TVD 7752'	22. IF MULTIPLE COMPL., HOW MANY* 2	23. INTERVALS DRILLED BY All
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7042'-7051' Abo			25. WAS DIRECTIONAL SURVEY MADE None
26. TYPE ELECTRIC AND OTHER LOGS RUN Used original logs			27. WAS WELL CORED _____

CASING RECORD (Report all strings set in well)				
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
No Change				

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	7020'	6998'

31. PERFORATION RECORD (Interval, size and number) 7042', 44', 46', 48', 7051' w/ 2JSPF	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 7042'-7051' AMOUNT AND KIND OF MATERIAL USED 48 bbls. 28% HCL-NE-FE, 24 bbls TEW
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33.* PRODUCTION							
DATE FIRST PRODUCTION We are waiting on a pipeline connection before testing the Abo.		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
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.)							

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

W. A. Butler

TITLE Administrative Supervisor

DATE

2/5/82

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 38. 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: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORDED 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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
Blinbury	5620	5800	oil & water	Rustler	1216
Tubb	6400	6560	oil & water	Tansill	2485
Doyle	6600	6930	oil & water	Yates	2627
	7713	7790	oil & water	Queen	3402
				Grayburg	3690
				Glorieta	5163
				Tubb	6298
				Abu	6728
				Pinney/Vanman	7694
				Divina (sp)	8318

RECEIVED
MAR - 4 1982
TUBBS OFFICE
Pinney/Vanman