

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY JUL

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.5. LEASE DESIGNATION AND SERIAL NO.
LC-032096 (2)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. REVR. ☐ Other ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface **1980' FNL + 1980' FWL of Sec. 27, T-21S, R-37E,****in Lea County, New Mexico**

At top prod. interval reported below

At total depth

Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

13. STATE

Lea**New Mexico**

15. DATE SPUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12 3/4	45	226'	17 1/2	200	None
9 5/8	32.2	2425'	12 1/4	500	None
7	17	6572'	8 3/4	500	None
5 (liner)	14.87	6445-7540	6 1/4	140	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	7230'	

31. PERFORATION RECORD (Interval, size and number)

6868', 6890', 6907', 6918', 6950',
6973', 7016', 7048', 7091', 7232',
7235', 7242', 7253', 7265', W/I JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7432'-7526'	100 SKS CLASS "H" CEMENT SQUEEZE PERFS.
6868'-7265'	500 gal. 15% Acid 43# FR-13 PER 1050 gal.

33.*

PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

6-12-69

Pumping

Producing

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

6-16-69

24

—

—

22

78

2

3250

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.)

TEST WITNESSED BY

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

TITLE Staff Supervisor

DATE 6-17-69

*(See Instructions and Spaces for Additional Data on Reverse Side)

US 95-4, Partners, File

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 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 12: 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.)

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH TRUE VERT. DEPTH
Redbeds	0	1180		Rustler	1180
Anhydrite	1180	1270		Salado	1270
Salt	1270	2350		Tansill	2350
Anhydrite, Dolo.	2350	2500		Yates	2500
Sand, Dolo.	2500	2752		Seven Rivers	2752
Dolo.	2752	3320		Queen	3320
Sand	3320	3630		Penrose	3475
Dolo.	3630	5065		Grayburg	3630
Sand, Dolo	5065	5520		San Andres	3883
Dolo. —	—	6013		Glorieta	5065
Sand —	—	6355		Blinebry	5520
Dolo, LS, —	—	7300		Tubb	6013
LS, Shale —	—	7390		Dinkard	6355
Dolo, —	—	7493		Abo	6730
Sand —	—	7530		Base Permian	7300
				Ellenburger	7340
				Ordovite	7530

Pay
"

Pay
Pay

7482-7526, Former Pay
DST #1, 7390-7541, Open 1 hr.
Flo, 40 G0 in 1 hr, 1030 MCFPD,