

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		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEPEN ☐	PLUG BACK ☒	DIFF. RESVR. ☒	Other
2. NAME OF OPERATOR CONOCO INC.							
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 38240							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660' FNL & 1980' FWL At top prod. interval reported below same At total depth same							
14. PERMIT NO.				DATE ISSUED			
5. LEASE DESIGNATION AND SERIAL NO. LC-031670(B)							
6. IF INDIAN, ALLOTTEE OR TRIBE NAME							
7. UNIT AGREEMENT NAME N.M. OIL CONS. COMMISSION NMFU							
8. FARM OR LEASE NAME 88240 SEMU Abo							
9. WELL NO. 58							
10. FIELD AND POOL, OR WILDCAT Undesignated East Skaggs Abo							
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 29-20S-3SE							
12. COUNTY OR PARISH Lea				13. STATE NM			
15. DATE SPUDDED 3/10/57		16. DATE T.D. REACHED 5/4/57		17. DATE COMPL. (Ready to prod.) 4/1/85		18. ELEVATIONS (DF, R&B, RT, GR, ETC.) * 3550' DF	
20. TOTAL DEPTH, MD & TVD 9119'		21. PLUG. BACK T.D., MD & TVD 7735'		22. IF MULTIPLE COMPL., HOW MANY * —		23. INTERVALS DRILLED BY —	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * 7602'-7515': Abo 4 th 7486'-7408': Abo 3 rd 7244'-7379': Abo 2 nd 7004'-7223': Abo 1 st						25. WAS DIRECTIONAL SURVEY MADE —	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Detector Neutron Lifetime Log						27. WAS WELL CORED —	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
(NO CHANGE)							
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *	SCREEN (MD)			
(NONE)							
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
2 3/8"	7547'	—					
31. PERFORATION RECORD (Interval, size and number)							
see attachment							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)							
see attachment							
33. PRODUCTION							
DATE FIRST PRODUCTION 4/1/85		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping			WELL STATUS (Producing or shut-in) Producing		
DATE OF TEST 4/6/85	HOURS TESTED 24	CHOKE SIZE —	PROD'N. FOR TEST PERIOD —	OIL—BBL. —	GAS—MCF. —	WATER—BBL. —	
FLOW. TUBING PRESS. —	CASING PRESSURE —	CALCULATED 24-HOUR RATE —	OIL—BBL. 88	GAS—MCF. 442	WATER—BBL. 307	GAS-OIL RATIO 477	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold							
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 David A. Smyth		TITLE Administrative Secretary			DATE 4/26/85		

* (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 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.)

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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Blinbry	5862'	6270'	DST 7750'-7850', TOOL OPEN 1 HR, REC. 4300 O & GCM, FP 1940-80, 30 SIP 2380. TPGL 43 BOPD, 29 BW PERFS 7783'-7805'	Rustier	1340'	
Tubb	6460'	6690'		Sulado	1500'	
Devonian	7775'	7850'		Tansill	2550'	
				Yates	2685'	
McKee Pay			PERFS 8926'-9105' IPF 120 BOPD, 28 1/4" GOR 185	San Andres	4054'	
				Glorietta	5360'	
				Blinbry	5862'	
				Tubb	6350'	
				Abo	6983'	
				Devonian	7775'	
	8925'	9105'		Montoya	8346'	
				Simpson	8605'	
				McKee Pay	8925'	

RECEIVED

MAY 3 1985

G.C.
HOBBS

31.	7602'-7515'	w/1 jsf	Total 12 holes	} Abo
	7486'-7408'	w/1 jsf	Total 13 holes	
	7244'-7379'	w/1 jsf	Total 17 holes	
	7004'-7223'	w/1 jsf	Total 18 holes	

32. 7602'-7515': Acidize w/24 bbls 15% HCL-NE-FE & flush w/49 bbls 9# brine. Acid frac Abo w/143 bbls cross linked 20% HCL & flush w/46 bbls 9# brine.

7486'-7408': Acidize w/23 bbls 15% HCL-NE-FE & flush w/50 bbls 9# brine. Acid frac w/143 bbls cross linked 20% HCL acid & flush w/45 bbls 9# completion fluid.

7244'-7379': Acidize w/34 bbls 15% HCL-NE-FE & flush w/49 bbls 9# completion fluid. Acid frac w/192 bbls cross linked 20% HCL acid & flush w/45 bbls 9# completion fluid.

7004'-7223': Acidize w/36 bbls 15% HCL acid & flush w/48 bbls 9# completion fluid. Acid frac w/180 bbls cross linked 20% HCL acid & flush w/41 bbls 9# completion fluid.

All distances must be from the outer boundaries of the Section.

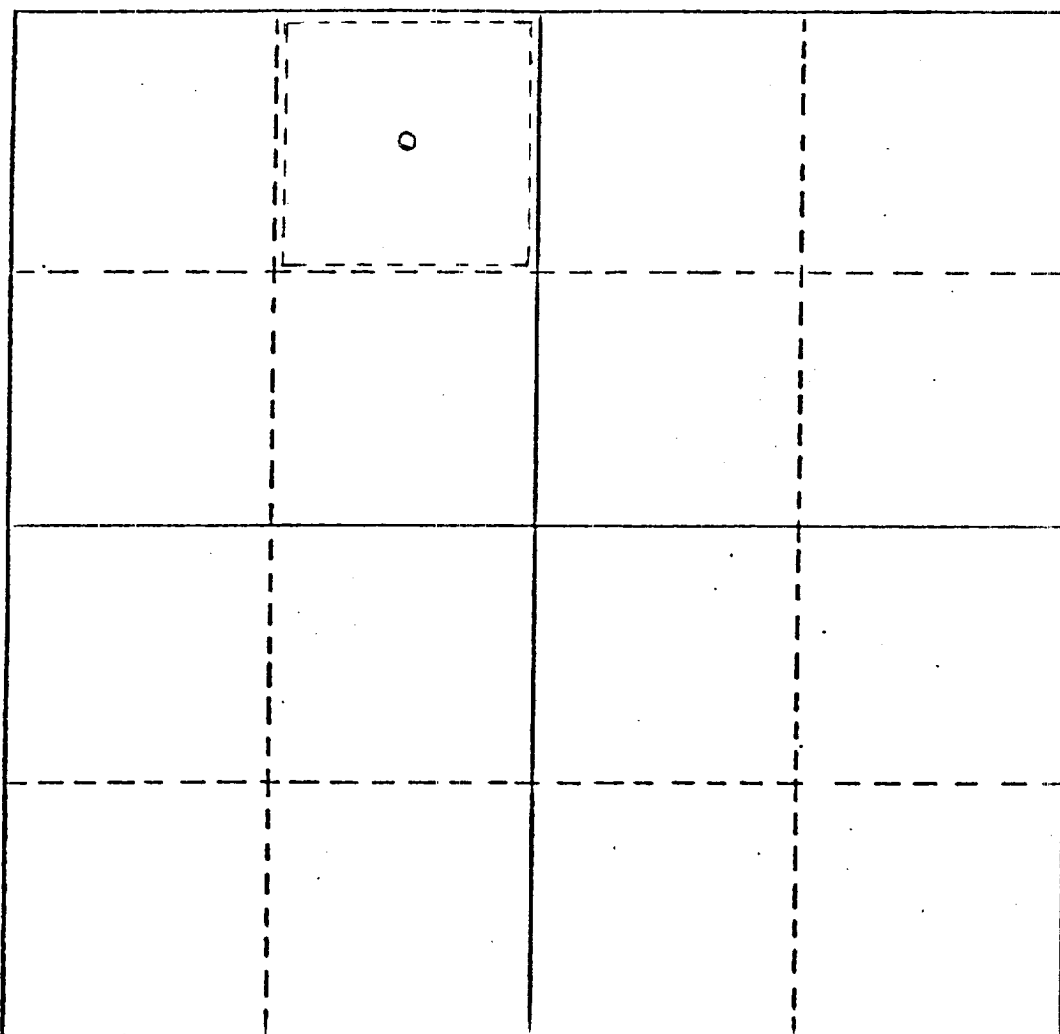
Operator Conoco Inc.		Lease SEMU Abo		Well No. 58	
Unit Letter C	Section 29	Township 20S	Range 38E	County Lea	
Actual Footage Location of Well: 660 feet from the North line and 1980 feet from the West line					
Ground Level Elev.	Producing Formation Abo	Pool Undes. East Skaggs Abo	Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **David D. Smyth**
Position **Administrative Supervisor**
Company **Conoco Inc.**
Date **4/26/85**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **APR 30 1985**
Registered Professional Engineer and/or Land Surveyor
Certificate No. **10000**

