

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC No. 031621 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT
NMFU Field, Monument Tubb
and Weir Blinebry Pool

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 10-20S-37E

12. COUNTY OR
PARISH

Lea

13. STATE

N. Mex.

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

3590 DF

19. ELEV. CASINGHEAD

3578

23. INTERVALS
DRILLED BY

0-6775

CABLE TOOLS

0

25. WAS DIRECTIONAL
SURVEY MADE

Yes

27. WAS WELL CORED

No

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

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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

At surface 1880' FSL & 1980' FEL. Sec. 10-20S-37E, Lea
County, N. Mex., NMPM

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 16. DATE T.E. REACHED 17. DATE COMPL. (Ready to prod.)

1-17-64 2-15-64 Bline-3-19-64
Tubb - 2-26-64

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY*

6775 TD 6660 PBD 2

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

Blinebry - 5774-5849

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Sonic & Laterolog

28. 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 & 32	1305	11"	650 sx circulated	None
5-1/2	15.5	6775	7-3/4"	600 sx top of cmt 2500	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
No Liner					2-1/16	5765	

31. PERFORATION RECORD (Interval, size and number)

5774, 5778, 5798, 5807 & 5849 w/1
JSPF - Size .45"

Blinebry

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5774-5849	Treated w/5000 gal acid, 20,000 gal crude, 20,000# sd & 1000# "ADOMITE" ADDITIVES
Blinebry	

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
ne. 3-18-64		Pumping - 1-1/2"					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
3-19-64	24	Pump	→	41	10.8	10	263	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	Pkr.	→	41	10.8	10	38.5		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold to Warren Petroleum Corp.

TEST WITNESSED BY

R. P. Brenneman

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 4-7-64

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

USGS (5) NMOCC (1) ABS Pan Am-Hbs (3) Atl-Ros (2) Calif-Mid & Hous (1 ea.)

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 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	TOP	TRUE VERT. DEPTH
No cores or	DST's taken			Rustler Salado B/Salt Yates Seven Rivers Queen Glorieta Blinbry Marker Tubb Drinkard Marker	1335 1426 2556 2704 2970 3505 5246 5869 6377 6687		

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ **APR 14 8 33 AM '64**

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR _____

3. ADDRESS OF OPERATOR _____

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface _____
At top prod. interval reported below _____
At total depth _____

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO. _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Britt B

9. WELL NO.
21

10. FIELD AND POOL, OR WILDCAT _____

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA _____

12. COUNTY OR PARISH _____ 13. STATE _____

15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____ 18. ELEVATIONS (DF, RKB, RT, GE, 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 _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Tubb 6575-6626

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)					
CASING SIZE	WEIGHT, LB./Ft.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6575, 6576, 6577, 6580, 6581, 6582, 6587, 6588, 6589, 6590, 6591, 6598, 6599, 6600, 6616, 6617, 6618, 6624, 6625 & 6626 w/1 JSFP Tubb Size .45"				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
				6575-6626	Acidized w/5000 gal 15% LSTNE
				Tubb	

33. PRODUCTION

DATE FIRST PRODUCTION **Tubb 3-25-64** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-26-64	24	18/64	→	290	325	56	1121
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
800	Pkr	→	290	325	56	38.5	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold to Warren Petroleum Corp.** TEST WITNESSED BY **R. P. Brenneman**

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 **4-7-64**

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FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH