Form 9-330
(Rev. 5-63)

UNIT) STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT
(See oth. r-structions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

Oct 20 11 28 AM '65

5. LEASE DESIGNATION AND SERIAL NO.: LC 031620 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

7. UNIT AGREEMENT NAME: NMFU

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Skaggs B A/C 1

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico

9. WELL NO.: 6

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirement.*)
At surface: 660' FSL and 1980' FWL of Section 11, T-20S, R-37E, Lea County, New Mexico, NMPM
At top prod. interval reported below
At total depth

10. FIELD AND POOL, OR WILDCAT: NMFU Field
Monument Tubb Pool

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 11-T-20S R-37E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Lea	N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
3-17-65	4-11-65	4-17-65	3585 DF	3573'

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
6,700	-	-	→	0-6700,	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 6454-6620 - Tubb

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Caliper, Electrical Radio Active, Geograph, Gamma Ray Focused

27. WAS WELL CORED: No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 5/8	24#	1334	11"	560 sx circ	
4 1/2	11.6 &9.5	6700	6 3/4"	615 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	6622'	

31. PERFORATION RECORD (*Interval, size and number*)
6470, 6473, 6560, 6593, 6602, 6606, 6618 W/1 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6470-6618	5000 gal 15% acid using 7 Ball Sealers

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
4-14-65	Flowing	Flowing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-19-65	16	32/64		273	300	0	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
475#	1100#		409	450	0	39°

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Warren Petroleum Corporation

TEST WITNESSED BY: W. D. Roberts

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 Hal R. Stephens TITLE Staff Supervisor DATE 10-18-65

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

USGS-5, NMOCC-2 PAN AM -3 Atl Ros -2 Calif Mid-2 File -2

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, geologist, sample 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Rustler	1347	1438	
Top Salt	1438	2677	
Yates	2677	2932	
Seven Rivers	2932	3482	
Queen	3482	5227	
Gloreita Mkr.	5227	5807	
Blinebry Mkr.	5807	6348	
Tubb	6348	6523	
Lower Tubb Mkr	6523	6700	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH