

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 0557686	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTED OR TRIBE NAME	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME SEMU	
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME SEMU EUMONT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 1980' FWT OF SEC. 14 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 92	
14. PERMIT NO.		10. FIELD AND POOL OR WILDCAT EUMONT QUEEN GAS	
DATE ISSUED		11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA SEC 14 T-205 R-37E	
15. DATE SPUDDED 6-13-74		12. COUNTY OR PARISH LEA	
16. DATE T.D. REACHED 6-20-74		13. STATE N.M.	
17. DATE COMPL. (Ready to prod.) 7-8-74		14. LEASE	
18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 3557' GR		15. ELEV. CASING HEAD	
20. TOTAL DEPTH, MD & TVD 3800'		16. PLUG BACK T.D., MD & TVD 3764'	
21. IF MULTIPLE COMPL., HOW MANY*		17. INTERVALS DRILLED BY ROTARY	
22. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* EUMONT QUEEN GAS 3596' - 3800'		18. ROTARY TOOLS ROTARY	
23. TYPE ELECTRIC AND OTHER LOGS RUN GR - CNL - FDC DLL		19. WAS DIRECTIONAL SURVEY MADE YES	
24. CASING RECORD (Report all strings set in well)		20. WAS WELL CORRECTED No	
25. LINER RECORD		21. CEMENTING RECORD	
26. TUBING RECORD		22. AMOUNT PULLED	
27. PERFORATION RECORD (Interval, size and number)		23. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
28. PRODUCTION		24. AMOUNT AND KIND OF MATERIAL USED	
29. DATE FIRST PRODUCTION 7-8-74		25. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
30. DATE OF TEST 7-28-74		31. WELL STATUS (Producing or shut-in) Shut-in Pending Gas Conv.	
32. FLOW TUBING PRESS. 50		32. HOURS TESTED 120	
33. Casing Pressure 120		33. Choke Size 0	
34. Calculated 24-hour rate 681 CAOF		34. Prod'n. for test period 0	
35. Oil—BBL. 0		35. Gas—MCF. 0	
36. Gas—MCF. 0		36. Water—BBL. 0	
37. Oil Gravity—API (corr.)		37. Test witnessed by M.K. Chambers	
38. Disposition of gas (Sold, used for fuel, vented, etc.) To Be Sold		38. List of attachments	
39. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		39. Signature SR. ANALYST	
40. DATE 8-22-74		40. TITLE SR. ANALYST	

*(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) and bottom(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:

24. 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.	GEOLOGIC MARKERS	
					NAME	MEAS. DEPTH
						TOP
						TRUE VERT. DEPTH
					Yates	2675
					Seven Rivers	2935
					Queen	3487
					Penrose	3598
					Grayburg	3759