

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other ...
instructions on
reverse side)Form approved.
Budget Bureau No. 42-B355.5.

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, ALLOTTEE 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 1830' FNL & 560' FNL of Sec. 23 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 94	
10. FIELD AND POOL OR WILDCAT Eumont Queen Gas		11. SEC., T., R., M. OR BLOCK AND SURVEY OR AREA Sec. 23, T-20S, R-37E	
12. PERMIT NO.		13. DATE ISSUED	
15. DATE SPUDDED 5-27-74		16. DATE T.D. REACHED 6-2-74	
17. DATE COMPL. (Ready to prod.) 6-18-74		18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 3531' Gr.	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3728'	
21. PLUG BACK T.D., MD & TVD 3711'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3528'-3728' EUMONT QUEEN GAS	
25. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL, FDC, DLL		26. WAS DIRECTIONAL SURVEY MADE Yes	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 1 JSPF @ 3530', 48', 56', 67', 80', 94', 3610', 19', 34', 40' & 3659'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3530'-3659' AMOUNT AND KIND OF MATERIAL USED 2100 gals. 15% NE Acid 2000 gals. Trt. Fresh wtr. 2000 gals. BJ Ultra Frac & 8,000 gals. Ultra Frac-15, 20,000# Sand	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To Be 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	

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

SIGNED

TITLE

DATE

USGS-5, NMFL-4, 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, State, 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	NAME	MEAS. DEPTH
		Yates	2634
		Seven Rivers	2892
		Queen	3423
		Penrose	3523
		Grayburg	3692