

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 _____		5. LEASE DESIGNATION AND SERIAL NO. LC 031695(b)	
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 WARREN	
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME WARREN UNIT A/C 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FEL of Sec. 27 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 37	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 11-6-75		16. DATE T.D. REACHED 11-22-75	
17. DATE COMPL. (Ready to prod.) 1-30-76		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3548' GR.	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 7060'	
21. PLUG, BACK T.D., MD & TVD 6995'		22. IF MULTIPLE COMPL., HOW MANY* 2	
23. INTERVALS DRILLED BY ROTARY		24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5873' - 6081' BLINBRY	
25. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-FDC, DCL, Sonic, MCL		26. WAS WELL CORED No	
27. WAS DIRECTIONAL SURVEY MADE No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 5875', 90'; 5907', 25'; 43', 61'; 6012', 25' & 80' w/1-JSPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 5875'-6081' TREAT w/1500 Gal 15% NE-HCL. FRAC w/34,000 gal. TFW, 1100# Adomite Aquaflo, 1350# GUAR Gel, 57,000# 10/20 Sand.	
33. PRODUCTION		34. DISPOSITION OF GAS. (Sold, used for fuel, vented, etc.) SOLD	
DATE FIRST PRODUCTION 2-1-76		TEST WITNESSED BY W.D. CATES	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMPING		35. LIST OF ATTACHMENTS	
DATE OF TEST 2-11-76		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
HOURS TESTED 24		SIGNED Wm. A. Kutterfield TITLE SR. ANALYST DATE 3/8/76	
CHOKE SIZE			
PROD'N. FOR TEST PERIOD			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
GAS-OIL RATIO			
FLOW. TUBING PRESS.			
CASING PRESSURE			
CALCULATED 24-HOUR RATE			
OIL—BBL.			
GAS—MCF.			
WATER—BBL.			
OIL GRAVITY-API (CORR.)			

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

USGS(4) 11AFU(4) FIP

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 33.

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:				38. GEOLOGIC MARKERS	
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME
					Yates
					Seven Rivers
					Queen
					San Andres
					Glorieta
					Blaineby
					Tubb
					Drinkard
					Abc

MEAS. DEPTH	TRUE VERT. DEPTH
2796	
3058	
3615	
4024	
5490	
5940	
6439	
6734	
7014	