

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 ☐
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, N.M. 88240					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1880' FSL & 1980' FWL of SEC. 28 At top prod. interval reported below At total depth SAME SAME					
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH LEA	
				13. STATE N.M.	
5. DATE SPUDDED 9-23-75	16. DATE T.D. REACHED 10-21-75	17. DATE COMPL. (Ready to prod.) 2-6-76	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3546' DF		19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 7000'	21. PLUG, BACK T.D., MD & TVD 6630'	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)* 6340-6582 TUBB	
25. WAS DIRECTIONAL SURVEY MADE No				26. TYPE ELECTRIC AND OTHER LOGS RUN GR, CNL-FDC, DLL, Sonic-MCC.	
27. WAS WELL CORED No				28. CASING RECORD (Report all strings set in well)	
CASING SIZE 9 5/8" 7"	WEIGHT, LB./FT. 32.30 # 25 & 23 #	DEPTH SET (MD) 1495' 7000'	HOLE SIZE 12 1/4" 8 3/4"	CEMENTING RECORD 600 SX. CIRC. 1585 SX.	
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	PACKER SET (MD)
				2 3/8"	6343' 6191'
31. PERFORATION RECORD (Interval, size and number) 6341, 6432, 54, 65, 71, 96, 6534, 51, 58, 62 & 80' w/1-ISP.			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 6341-6496 1250 Gal. NE-HCL, 8700 Gal. TFW, 435 # Adomite Aquo, 348 # Guar Gel, 15,500 Gal. NE-HCL, 5700 Gal. GTFW, 6534-6580 1000 Gal. NE-HCL, 4500 Gal. TFW, 350 # Adomite Aquo, 180 # Guar Gel, 6000 Gal. NE-HCL, 3000 Gal. GTFW.		
33. PRODUCTION DATE FIRST PRODUCTION 1-19-76 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flow. DATE OF TEST 1-27-76 HOURS TESTED 11 1/4 hrs. CHOKE SIZE AOE PROD'N. FOR TEST PERIOD 33 OIL—BBL. 4776 GAS—MCF. — WATER—BBL. — OIL GRAVITY-API (CORR.) 64.5			WELL STATUS (Producing or shut-in) SHUT-IN W/O PL. Conn.		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To BE SOLD			TEST WITNESSED BY W. D. CATES		
35. LIST OF ATTACHMENTS Application Was Filed as an oil Well, But As a Result of Above Test, Well is Classified as Gas. See Attached Acreage Dedication					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED Wm. A. Butterfield TITLE SR. ANALYST DATE 3-11-76					

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

USGS(4) NMFH(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, 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), 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	MEAN. DEPTH	TRUE VERT. DEPTH
				Yates	2686	
				Seven Rivers	2949	
				Queen	3513	
				S. Andrews	3920	
				Glorieta	5363	
				Blaine	5819	
				Tubb	6308	
				Drunkard	6732	
				Abbs	6895	