

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 ☐
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 P. O. Box 460, Hobbs, N.M. 88240					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL, 1980' FEL At top prod. interval reported below At total depth SAME SAME					
14. PERMIT NO. _____ DATE ISSUED _____					
15. DATE SPUDDED 12-8-78					
16. DATE T.D. REACHED 12-25-78					
17. DATE COMPL. (Ready to prod.) 2-1-79					
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3560' GR					
19. ELEV. CASINGHEAD _____					
20. TOTAL DEPTH, MD & TVD 6900'					
21. PLUG BACK T.D., MD & TVD 6850'					
22. IF MULTIPLE COMPL., HOW MANY* DUAL					
23. INTERVALS DRILLED BY _____					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5976-6200' BLINEBRY					
25. WAS DIRECTIONAL SURVEY MADE YES					
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL, FDC, DLL					
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
9 5/8"	36#	1520' KB	12 1/4"	6005x	755x
7	23 3/4 26"	6900' KB	8 3/4"	2250x	2505x

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	6200'	6390'

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5976-6043, 6096-6200 w/ 1/2 SPF		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		5976-6043	2600 GALS 15% HCl-NH ₄ acid,
			24000 GALS frac fluid, 37000 20/40 sd.
		6096-6200	3200 GALS 15% HCl-NH ₄ acid
			24,000 GALS 90/10 fluid, 37000 20/40 sd.

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
3-12-79		PMPG				PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-12-79	24	—	→	87	225	15	2586
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
NA	NA	→	87	225	15	38	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
sold						W. D. Gates	
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

Wm. A. Butterfield

TITLE

Admin. Super

DATE 3-19-79

4563-6
NMFU-4
File.

*(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), 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.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Blindby mkr	6018	
				Tubb	6501	
				Tubb Sand	6571	
				Drinkard	6784	

REFILED

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(See other instructions on reverse side)

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 063458	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NMFU	
2. NAME OF OPERATOR CONTINENTAL OIL CO.		7. UNIT AGREEMENT NAME WARREN UNIT	
3. ADDRESS OF OPERATOR P.O. BOX 460 HOBBS, NM. 88240		8. FARM OR LEASE NAME 55	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL : 1980' FEL At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 55	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 12/8/78		16. DATE T.D. REACHED 12/25/78	
17. DATE COMPL. (Ready to prod.) 2-1-79		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3560' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6900'	
21. PLUG, BACK T.D., MD & TVD 6850'		22. IF MULTIPLE COMPL., HOW MANY* DUAL	
23. INTERVALS DRILLED BY RTY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6515'-6770' TUBB	
25. WAS DIRECTIONAL SURVEY MADE YES		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-FDC-DLL	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 9 5/8"		WEIGHT, LB./FT. 36#	
DEPTH SET (MD) 1520' KB		HOLE SIZE 12 1/4"	
CEMENTING RECORD 600sx		AMOUNT PULLED 75sx	
7"		23#, 26#	
6900' KB		8 3/4"	
2250sx		250sx	
29. LINER RECORD		30. TUBING RECORD	
SIZE 2 3/8"		TOP (MD) 6774'	
BOTTOM (MD) 6390'		PACKER SET (MD) 6390'	
SACKS CEMENT*		SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number) 6515'-6601' 6637'-6770' w/ 1JSPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD) 6515'-6601'		AMOUNT AND KIND OF MATERIAL USED 2000 gals 15% HCl-Ng, 24000 gals gelled fluid, 32000# 20/40 sd.	
6637'-6770'		3800 gals 15% HCl-Ng, 35000 gals gelled fluid, 50,000# 20/40 sd.	
33.* PRODUCTION		WELL STATUS (Producing or shut-in) Prod	
DATE FIRST PRODUCTION 3-9-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PMPL	
DATE OF TEST 3-9-79		HOURS TESTED 24	
CHOKE SIZE NA		PROD'N. FOR TEST PERIOD 30	
OIL—BBL. 14		GAS—MCF. 4	
WATER—BBL. 4		GAS-OIL RATIO. 467	
FLOW. TUBING PRESS. NA		CASING PRESSURE NA	
CALCULATED 24-HOUR RATE 30		OIL—BBL. 14	
GAS—MCF. 4		WATER—BBL. 4	
OIL GRAVITY-API (CORR.) 36		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) sold	
TEST WITNESSED BY WDCATES		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 <u>Wm A. Butterfield</u> TITLE ADMINISTRATIVE SUPERVISOR DATE MARCH 20, 1979	
USGS 6		* (See instructions and spaces for additional data on reverse side)	
NMFU 4			
FILE			

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FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			RECEIVED Geological Survey	Blueberry mkr	6018	
				Tabb	6501	
				Tabb Sand	6571	
				Drinkard	6784	