

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 063458	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME NMFL	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME WARREN UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 660' FWL At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 54	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 11-10-78		16. DATE T.D. REACHED 12-6-78	
17. DATE COMPL. (Ready to prod.) 1-12-79		18. ELEVATIONS (DF, RKB, RT, GB, ETC.)* 3553.3' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6803' GR	
21. PLUG. BACK T.D., MD & TVD 6767'		22. IF MULTIPLE COMPL., HOW MANY* DUAL	
23. INTERVALS DRILLED BY ROTARY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5927-6190' Blinbery	
25. WAS DIRECTIONAL SURVEY MADE YES		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CCL-PDC	
27. WAS WELL CORED YES		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 5927-6011, 6061-6091, 6124-6190 w/115AF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 5927-6011 6061-6190 AMOUNT AND KIND OF MATERIAL USED 2400 gals 15% HCl-N ₂ , 33000 gals gelled fluid, 56.500" 20/40 ss 20000 gals 15% HCl-N ₂ , 33000 gals gelled fluid, 56.500" 20/40 ss	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 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	
SIGNED <i>W. A. Butterfield</i>		TITLE <i>Administrative Supervisor</i>	
DATE <i>3-19-79</i>		DATE <i>3-19-79</i>	

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

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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 POROSITY ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Redbeds	0	1534	<div style="text-align: center;"> RECEIVED MAR 26 1970 BUREAU OF LAND MANAGEMENT U.S. DEPARTMENT OF THE INTERIOR </div>	Rustler	1534	
Anhy.		1634		Salado	1634	
" , salt		2700		Tausill	2700	
" , Dolo.		2837		Yates	2837	
SS., "		6723		Queen	3670	
"		TD	San Andres	4234		
			Glorieta	5544		
			Blinbury MK	5944		
			Tubb	6467		
			Pinkard	6723		