

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 _____		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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME NMIEU	
3. ADDRESS OF OPERATOR P.O. Box 100, Hobbs, New Mexico		8. FARM OR LEASE NAME WARREN UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FSL and 660' PSL At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 58	
10. FIELD AND POOL, OR WILDCAT Blindery Oil and Gas		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 26 T 20S R 38E	
12. PERMIT NO.		DATE ISSUED	
13. COUNTY OR PARISH LEA		14. STATE NM	
15. DATE SPUDDED 2-19-79		16. DATE T.D. REACHED 3-4-79	
17. DATE COMPL. (Ready to prod.) 4-9-79		18. ELEVATIONS (DF, RNB, RT, GR, ETC.)* 3557.7' GR	
20. TOTAL DEPTH, MD & TVD 6830' KB		21. PLUG, BACK T.D., MD & TVD 6790'	
22. IF MULTIPLE COMPL., HOW MANY? dual		23. INTERVALS DRILLED BY ALL	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6028'-6303' Blindery		25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR CNL DLL PDC R ₆ caliper		27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
9 5/8"	36#	1552'	12 1/4"
7"	23#	6830' KB	8 3/4"
CEMENTING RECORD			
AMOUNT PULLED			
100#			
140#			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*
SCREEN (MD)			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	6382'	6550'	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6028, 31, 35, 48, 56, 68, 88, 93, 96, 103, 19, 24, 32, 45, 54, 68, 74, 81, 86, 89, 94, 100, 103, 13, 61, 64, 70, 82, 92, 6303 w/ 1 USPF		6000 gals 15% HCL-NH ₄ acid, 9500 gals gelled fluid, 150,000 20/40 sd, 15,000 10/20 sd.	
33. PRODUCTION			
DATE FIRST PRODUCTION 4-9-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PMFG	
WELL STATUS (Producing or shut-in) PROD.		DATE OF TEST 5-12-79	
HOURS TESTED 24		CHOKE SIZE -	
PROD'N. FOR TEST PERIOD 20		OIL—BBL. 20	
GAS—MCF. 33		WATER—BBL. 67	
GAS-OIL RATIO 1650		OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS. -		CASING PRESSURE -	
CALCULATED 24-HOUR RATE 20		GAS—MCF. 33	
WATER—BBL. 67		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) sold			
TEST WITNESSED BY W.D. Cates			
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 W.D. Cates		TITLE Administrative Supervisor	
DATE 6-4-79		FILE	

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

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' records and completion logs) must be submitted with this summary record.

tion 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 3b.

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 16: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in Item 24 show the production from more than one interval zone (multiple completion), so state in Item 22 and Item 24: If this well is completed for separate production from more than one interval zone (multiple completion).

interval, or interval(s), 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 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW AND INFORMATION 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

RECEIVED	DATE	DEPTH	TOP
6866	6/73		
3725			
JUN 19 1979			

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 *

5. LEASE DESIGNATION AND SERIAL NO.

L.C. 063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NMIIU

8. FARM OR LEASE NAME

WARREN UNIT

9. WELL NO.

58

10. FIELD AND POOL, OR WILDCAT

WARREN Tubb Oil

11. SEC., T., R., M., OR BLOCK AND SURVEY

SEC. 26

T 20 S

R 38 E

12. COUNTY OR

PARISH

LEA

13. STATE

NM

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 4211, ALBUQUERQUE, N.M. 87104

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1980' FSL and 660' FEL

At top prod. interval reported below

SAME

At total depth

SAME

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR

PARISH

LEA

13. STATE

NM

15. DATE SPUNDED

2-19-79

16. DATE T.D. REACHED

3-4-79

17. DATE COMPL. (Ready to prod.)

4-9-79

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3557.7' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6830'

21. PLUG, BACK T.D., MD & TVD

6790

22. IF MULTIPLE COMPL., HOW MANY*

4/4/1

23. INTERVALS DRILLED BY

ALL

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

6615-6762 Tubb Oil

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR CNL DLL FDC R₆ 2811 per

YES

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36#	1552'	12 1/4"	600 SX	100 SX
7"	23#	6830'	8 3/4"	1850 SX	140 SX

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	6770'	6550'

31. PERFORATION RECORD (Interval, size and number)

6615, 20, 59, 68, 6700, 05, 16, 24, 35, 42, 48, 57, 6762
w/ 115PF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6615-6762	2600 gals 15% HCl-N ₂ , 34,500 gal. gel. Sol.
	47,500 # 20/20 SS

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
4-9-79		PMPG					temp. shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5-12-79	24	—	→	1	NM	4	—	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
—	—	→	1	N.M.	4			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

sold.

TEST WITNESSED BY

W.D. Cates

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 Administrative SUPERVISOR

DATE 6-4-79

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

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.

tion 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 3b.

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 22 and 24: if these well completed for separate production from more than one informal zone (multifield completion) or, if the well is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments

interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 32. 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 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 23 above.)

DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED