

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 _____		7. UNIT AGREEMENT NAME NMFU	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Warren Unit	
2. NAME OF OPERATOR Conoco Inc.		9. WELL NO. 77	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240		10. FIELD AND POOL, OR WILDCAT Blinberry Oil & Gas	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FEL At top prod. interval reported below Same At total depth Same		11. SEC., T. R., A., OR BLOCK AND SURVEY OR AREA Sec. 20, T-20S, R-38E	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 7-23-79		16. DATE T.D. REACHED 8-6-79	
17. DATE COMPL. (Ready to prod.) 10-13-79		18. ELEVATIONS (DF. RKB, RT. GR, ETC.)* 3555' GR	
19. ELEV. CASINGHEAD —		20. TOTAL DEPTH, MD & TVD 6790'	
21. PLUG. BACK T.D., MD & TVD 6748'		22. IF MULTIPLE COMPL., HOW MANY* dual	
23. INTERVALS DRILLED BY —		ROTARY TOOLS All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5831'—6103' Blinberry		25. WAS DIRECTIONAL SURVEY MADE yes.	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR—CNL—FDC, DLL, MSFL		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#	1428'	12 1/4"
7"	26#	6790'	8 3/4"
CEMENTING RECORD			
520 SK.			
1977 SK.			
AMOUNT PULLED			
50 SK.			
140 SK.			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SAKS CEMENT*
SCREEN (MD)			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
6700'		6300'	
31. PERFORATION RECORD (Interval, size and number)			
5832', 37', 65', 72', 90', 92', 94', 96', 98', 5902', 06', 14', 16', 18', 24', 30', 32', 54', 60', 66', 70', 83', 94', 97', 6018', 54', 58', 62', 80', 84', 86', 6102' w/ 1 JSDF			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5832'—6102'		6400 gal. 15% HCl-NE-FE; 1906 bbl. TFW gel, 166,000# 2040 sd.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 10-23-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 10-23-79	HOURS TESTED 24	CHOKE SIZE 8	PROD'N. FOR TEST PERIOD 107
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE 107	GAS—MCF. 256
WATER—BBL. 0		OIL GRAVITY-API (CORR.) 40.2	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
35. LIST OF ATTACHMENTS W.D. Cates			

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 ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING

DEEP INTERVAL TESTS, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

DESCRIPTION, CONTENTS, ETC.

TOP BOTTOM

6695 6697

6695 6697

38. GEOLOGIC MARKERS

TOP

MEAS. DEPTH

TRUE VERT. DEPTH

NAME

Forster, Ind. 1770
Top Salt 1771
Base Salt 2550
Zones So 2025
Green River 2122
Green So 3202
Grayling Vol. 2946
San Antonio Vol. 4106
Gardner Del. 5290
Top Bl. sh. Vol. 5312
Bl. sh. Vol. 5487
Top 7000 Vol. 6295
Top 8000 Vol. 6295
Revised Del. 6697

RECEIVED
HOBBS, OFFICE