

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm 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
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 85240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1650' FNL & 2310' FWL
At top prod. interval reported below _____
At total depth _____

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
LC-031695(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Warren Unit P.D. 64

9. WELL NO.
91

10. FIELD AND POOL, OR WILDCAT
Blinebry

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 33, T-20S, R-38E

12. COUNTY OR PARISH
Lea

13. STATE
NM

15. DATE SPUDDED 1/12/82 16. DATE T.D. REACHED 2/1/82 17. DATE COMPL. (Ready to prod.) 6/4/82 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3512' 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 6314' 21. PLUG, BACK T.D., MD & TVD 6275' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS All CABLE TOOLS None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5835'-6206' Blinebry

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
GR-CCL-PFC

27. WAS WELL CORED
No

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1430'	12 1/4"	710 SX.	200 SX.
5 1/2"	15.5#	6314'	7 7/8"	1735 SX.	200 SX.

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		None			2 3/8"	6227'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5835', 52', 55', 58', 5904', 08', 12', 6041', 46', 51', 56', 61', 94', 6198', 6206', w/ 1 JSPF		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		5835'-6206'	30 bbls. 15% HCL-NEFE, 113 bbls. 2% KCL TFW, 815 bbls. 40% gelled TFW, 59,000# 20/40 sd., 5,700# 10/20 sd.

33.* PRODUCTION

DATE FIRST PRODUCTION 6/6/82 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 6/28/82 HOURS TESTED 24 hrs. CHOKER SIZE NA PROD'N. FOR TEST PERIOD 22 OIL—BBL. 22 GAS—MCF. 30 WATER—BBL. 79 GAS-OIL RATIO 79

FLOW. TUBING PRESS. NA CASING PRESSURE NA CALCULATED 24-HOUR RATE 22 OIL—BBL. 22 GAS—MCF. 30 WATER—BBL. 79 OIL GRAVITY-API (CORR.) 79

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 Wm. A. Butterfield TITLE Adminstrative Supervisor

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO
OCT 1 1982

*(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.

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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
BLINEBRY	5835	6206	OIL	RUSTLER	1430	
				SALADO SALT	1520	
				BASE OF SALT	2570	
				YATES	2710	
				SEVEN RIVER	2980	
				QUEEN	3570	
				PEN ROSE	3690	
				GRAYBURG	3890	
				SAN ANDRES	4130	
				GLORIETA	5430	
				BLINEBRY MK	5910	

RECEIVED
OCT 4 1982
C.C.D.
HOBBE OFFICE