

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See oil field
instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031741 a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk A

9. WELL NO.

5

10. FIELD AND POOL OR WILDCAT

NMFU Field

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

Blinebry & Drinkard

9-21S-37E

12. COUNTY OR

PARISH

LEA

13. STATE

N.M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:

OIL

WELL

GAS

WELL

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, New Mexico

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

At surface 660' FNL and 660' FWL of Section 9, T-21S, R-37E

Lea County, New Mexico, NMPM.

At top prod. interval reported below

At total depth Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

4-12-65

16. DATE T.D. REACHED

5-1-65

17. DATE COMPL. (Ready to prod.)

7-26-65

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

3509 DF

19. ELEV. CASINGHEAD

3497

20. TOTAL DEPTH, MD & TVD

6800 TD

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

22. IF MULTIPLE COMPL.

HOW MANY* 2

23. INTERVALS

DRILLED BY

ROTARY TOOLS

0-6800

CABLE TOOLS

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

Blinebry 5750-6020

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Sonic & Collar, Laterlog

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

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 1/16	5800	6075

31. PERFORATION RECORD (Interval, size and number)

5760, 5795, 5810, 5822, 5864, 5893,
5922, 5937, 5960, 6008 & 6019
W/1 JSPF

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

DEPTH INTERVAL (MD)

5760-6019

AMOUNT AND KIND OF MATERIAL USED

2000 gals 15% LSTNE Acid
30,000 gals crude,
30,000#sd, 1500#"ADOMITE"
Additives.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
7-26-65		Pumping				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7-26-65	24		→	37	68	28	1744
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→	37	68	28	39	

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

Sold

TEST WITNESSED BY

B. K. Rampley

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 SIGNED: ROBERT CAULT III

TITLE Staff Supervisor

DATE 8-10-65

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

USGS-5, NMOCC-2, LPT Atl Ros-2, Pan Am Hobbs -3, Calif Mid-2

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.

Log: 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.), formations, 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 33.

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 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: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. 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:		38. GEOLOGIC MARKERS	
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		NAME	
TOP	BOTTOM	MEAS. DEPTH	TRUE VERT. DEPTH
58	58	1306	
58	58	1391	
58	58	2680	
58	58	2924	
58	58	3470	
58	58	4010	
58	58	5242	
58	58	5748	
58	58	6223	
58	58	6570	

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