

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 *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. LC 032099(b)			
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME LOCKHART "B"			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 660' FEL OF SEC. 14 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 8			
14. PERMIT NO. U.S. GEOLOGICAL SURVEY HOBBS, NEW MEX.		10. FIELD AND POOL, OR WILDCAT EUMONT QUEEN (GAS)			
15. DATE SPUDDED 10-15-74		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 14, T-21S, R-36E			
16. DATE T.D. REACHED 10-27-74		12. COUNTY OR PARISH LEA			
17. DATE COMPL. (Ready to prod.) 11-11-74		13. STATE N.M.			
18. ELEVATIONS (DF, AKB, RT, GR, ETC.) * 3546' GR		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3825'		21. PLUG, BACK T.D., MD & TVD 3825'			
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* EUMONT QUEEN GAS 3525'-3712'		25. WAS DIRECTIONAL SURVEY MADE YES			
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-FDC-DLL		27. WAS WELL CORED YES			
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8"		20#		400'	
5 1/2"		15.5#		3825'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
12 1/4"		210 sks. Gr.		-	
7 7/8"		300 sks.		-	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
-		-		-	
SACKS CEMENT*		SCREEN (MD)		-	
-		-		-	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
2 3/8"		3496'		-	
31. PERFORATION RECORD (Interval, size and number)					
3525', 31', 44', 51', 61', 99', 3611', 22', 32', 50', 69', 76', 93', 99', 3712'. w/1 JSPF					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3525'-61'		1200 gals acid, 2,000 gals E-2			
3599'-3712'		Prod. 10,000 gals Frac Fluid, 20,000# SD. 1800 gals 7 1/2% acid, 4,000 gals E-2 Prod. 20,000 gals Frac Fluid, 40,000# SD.			
33. PRODUCTION					
DATE FIRST PRODUCTION 11-4-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flow			
DATE OF TEST 1-9-75		HOURS TESTED 24		CHOKE SIZE 2 1/2"	
FLOW, TUBING PRESS. 255 psi		CASING PRESSURE 255 psi		PROD'N. FOR TEST PERIOD 12	
CALCULATED 24-HOUR RATE 255 psi		OIL—BBL. 738		GAS—MCF. 738	
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Will be sold		WATER—BBL. 738		GAS-OIL RATIO 738	
OIL GRAVITY-API (CORR.)		TEST WITNESSED BY M.K. Chambers		DATE 1-10-75	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED [Signature]		TITLE SR. ANALYST		DATE 1-10-75	

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

U.S./S-4, N.M.C.U. 4, File

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 POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORD 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
Yates	0	2742	No log, Caliche, red beds, salt, anhyd.	Yates	2742	
Seven Rivers	2742	3011	Sand, dol. anhyd.	Seven Rivers	3011	
Queen	3011	3500	Dolo. anhyd, sand	Queen	3500	
Penrose	3500	3584	Sand, dol.	Penrose	3584	
Grayling	3584	3713	Sand, dol.	Grayling	3713	
	3713	3832	dolo, sand			