

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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Conoco Inc.						7. UNIT AGREEMENT NAME N.M.F.U.	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240						8. FARM OR LEASE NAME Hawk A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990' FNL & 1980' FWL At top prod. interval reported below Same At total depth Same						9. WELL NO. 7	
10. FIELD AND POOL, OR WILDCAT Drinkard						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 8, T-215, R-37E	
12. COUNTY OR PARISH Lea						13. STATE N.M.	
15. DATE SPUDDED 8-27-79		16. DATE T.D. REACHED 9-10-79		17. DATE COMPL. (Ready to prod.) 10-18-79		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3535' 6R	
20. TOTAL DEPTH, MD & TVD 6880'		21. PLUG BACK T.D., MD & TVD 6870'		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)* 6611' - 6829' Drinkard						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	
8 5/8"		24#		1335'		12 1/4"	
5 1/2"		15.5#, 17#		6858'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		6840'					
31. PERFORATION RECORD (Interval, size and number)							
6612', 22', 30', 36', 64', 70', 75', 85', 93', 6698 w/ 1 JS PF 6769', 75', 78', 6808', 11', 15', 24', 6828' w/ 2 JS PF							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
6612' - 6828'				2200 gal. 15% HCl-NE-FE 57,000 gal frac fluid 75,500# 20/40 sd. 21,000# 10/20 sd.			
33. PRODUCTION							
DATE FIRST PRODUCTION 10-18-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 10-29-79		HOURS TESTED 24		CHOKE SIZE —		PROD'N. FOR TEST PERIOD —	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE —		OIL—BBL. 19	
						GAS—MCF. 50	
						WATER—BBL. 29	
						OIL GRAVITY-API (CORR.) 2631.6	
						OIL GRAVITY-API (CORR.) 37	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						TEST WITNESSED BY B.G. Shirley	
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 10/30/79	

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NMFU-4

*(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, 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 land managing agency. See instructions on items 99 and 94 and 23 below regarding separate reports for separate completions.

See instructions on items 22 and 24, and 26, regarding attachments. 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 should be listed on this form, see item 3).

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 the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, showing the additional data pertinent to such interval.

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 each stage. (See instruction for items 22 and 24 above.)

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.)

38. GEOLOGIC MARKERS	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	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		
				FORMATION	TOP	BOTTOM
Rustler	1342			3620	3730	
Salado	1432			5715	6060	
Tansill	2579			6327	6470	
Yates	2738			6750	6860	
Queen	3500					
Penrose	3620					
Glorieta	5260					
Blinberry Marker	5759					
Tubb	6272					
Drinkard	6600					