

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

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. 88240

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

At top prod. interval reported below **same**

At total depth same

At total depth <u>same</u>		14. PERMIT NO. <u>API #</u> <u>30-025-28131</u>	DATE ISSUED	17. COUNTY OR PARISH <u>Lea</u>	18. NM
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.) <u>1/1/65</u>	18. ELEVATIONS (DF, REB, RT, GR, ETC.) <u>3426.7 GH</u>	19. ELEV. CASINGHEAD <u>-</u>	
			20. TOOLS	CABLE TOOLS	

11/2/83	12/2/83	6/5/85	23. INTERVALS DRILLED BY	ROTARY TOOLS
MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*		

20. TOTAL DEPTH, MD & TVD	21. DEPTH	22. ROW	23. SECTION	24. WAS DIRECTIONAL SURVEY MADE
7807'	7000'	3	→	
25. SECTION TOP BOTTOM, NAME (MD AND TVD)*				

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

5878'-6025': Blineby

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

[illegible]

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRAC, PLUG, ETC.								
5878', 82', 83', 5900', 32', 33', 50', 51', 69' & 6025'	<table border="1"> <thead> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td>5878'-6025'</td> <td>Breakdown w/ 44 bbls 15% HCL-NE-FE</td> </tr> <tr> <td></td> <td>Frac w/ total of 95 bbls pad, 240.5 bbls acid, & 14550# 20/40 sand.</td> </tr> <tr> <td></td> <td>Flush w/ 37 bbls 2% HCL.</td> </tr> </tbody> </table>	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	5878'-6025'	Breakdown w/ 44 bbls 15% HCL-NE-FE		Frac w/ total of 95 bbls pad, 240.5 bbls acid, & 14550# 20/40 sand.		Flush w/ 37 bbls 2% HCL.
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED							
5878'-6025'	Breakdown w/ 44 bbls 15% HCL-NE-FE								
	Frac w/ total of 95 bbls pad, 240.5 bbls acid, & 14550# 20/40 sand.								
	Flush w/ 37 bbls 2% HCL.								
w/ 1 jsf									
Total 10 holes									

33.*		PRODUCTION				WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				Producing	
6/5/85		320D pumping unit					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6/19/85	24	—	→	16	32	62	2,000
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
						NA	

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

35. LIST OF ATTACHMENTS

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

CARLEAD, NEW MEXICO
Assistant Supervisor
DATE 7/1

SIGNED

TITLE

DATE 7/30/85

Instructions and Spaces for Additional Data on Reverse Side)

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11-11-85 10:11:58

INSTRUCTIONS

INSTRUCTIONS

[illegible]

If not filed prior to the time this section becomes effective, all maps, plans, sections and directional surveys, should be attached to the application and should be described in accordance with the provisions of the act in any attachments.

[illegible]

Item 18: Indicate, which elevation as shown on the additional data pertinent to such interval. (If any) for only the interval reported in such interval.

Items 22 and 24: If this well is completed for only one or more stages of cementing and the cement is not placed in the casing, the cement should be reported in the cementing log. (See instruction for items 22 and 24 above.)

interval, or interval of $\frac{1}{2}$ inch, and the term for each interval to be separately produced. Attached supplemental records for this well should show the interval, or interval of $\frac{1}{2}$ inch, and the term for each interval to be separately produced.

Item 29: Attached supplemental report on this form for each interval to be separated for each additional interval.

Item 33: Submit a separate completion report on this form for each interval to be separated for each additional interval.

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
Abo Drinkard Blinbry	7089'	7428'	oil, water, gas	Rustler	1453'
	6732'	6928'	oil, water, gas	Salado	1533'
	5868'	6348'	oil, water, gas	Base Salt	2630'
				Yates	2770'
				Seven Rurs	3042'
				Queen	3612'
				San Andres	4174'
				Glorieta	5420'
				Blinbry	5868'
				Tubb	6348'
				Drinkard	6667'
				Abo	6943'
				Devonian	7720'

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All distances must be from the outer boundaries of the Section.

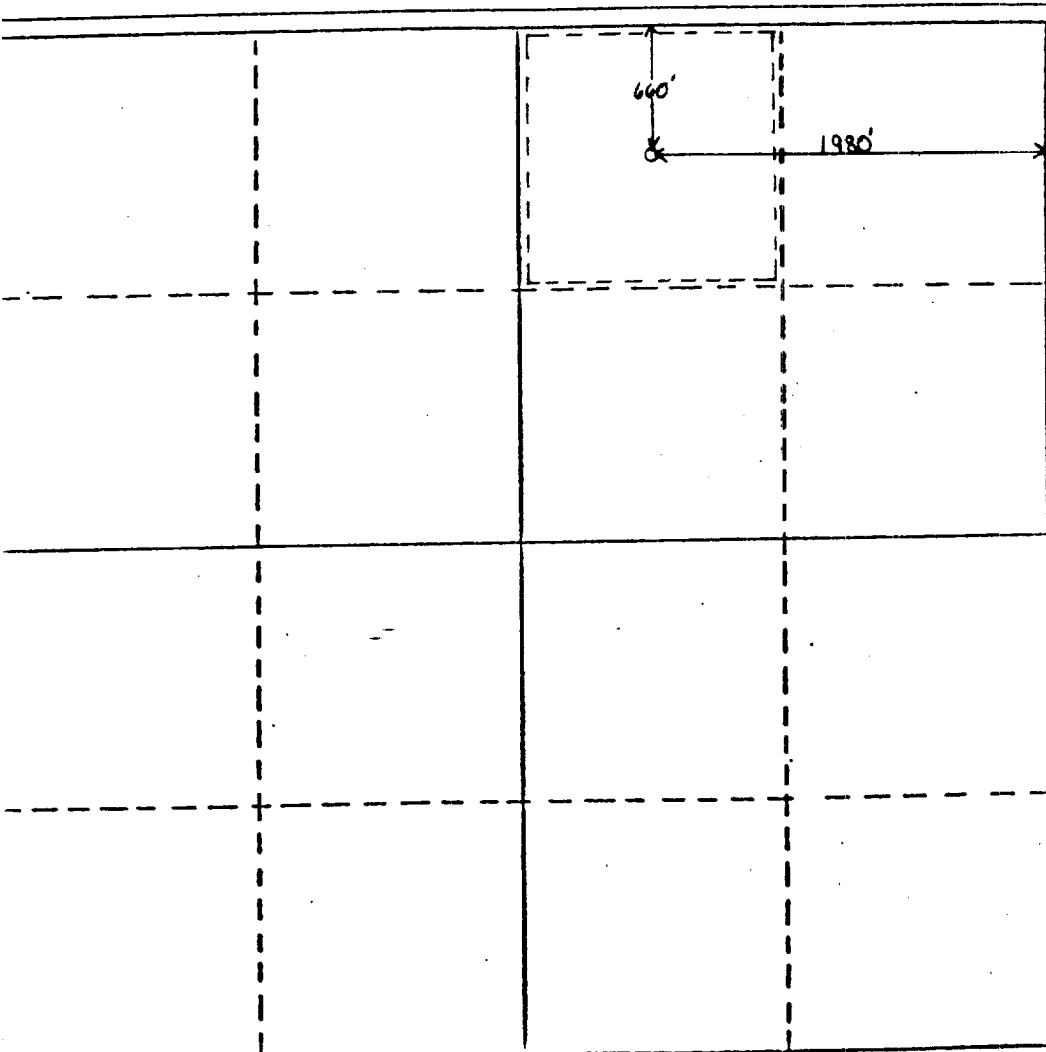
Owner Conoco Inc.		Lease Lockhart B-13A		Well No. 10
Section B	Section 24	Township 21S	Range 37E	County Lea
Actual Footage Location of Well: 660 feet from the North line and 1980 feet from the East line				
Ground Level Elev. 3426.7	Producing Formation Blinebry		Pool Blinebry	Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **Kevin T. Hoge**
Position **Administrative Supervisor**
Company **Conoco Inc.**

Date **7/30/85**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **11/1/82**
Registered Professional Engineer and/or Land Surveyor

John West
Certificate No.

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FEDERAL BUREAU OF INVESTIGATION