

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                    |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM0557256</b>                                                                                                                                                                                                                                                                                                                                 |  |
| b. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/> |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                                                                                                                                                                                                                                                                                                    |  |
| 2. NAME OF OPERATOR<br><b>Continental Oil Company</b>                                                                                                                                                                                              |  | 7. UNIT AGREEMENT NAME                                                                                                                                                                                                                                                                                                                                                                  |  |
| 3. ADDRESS OF OPERATOR<br><b>Box 460 Hobbs, New Mexico</b>                                                                                                                                                                                         |  | 8. FARM OR LEASE NAME<br><b>Elliot B-20</b>                                                                                                                                                                                                                                                                                                                                             |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface <b>1980' FNL and 1980' FEL of Sec 20</b><br>At top prod. interval reported below <b>Some</b><br>At total depth <b>Some</b>              |  | 9. WELL NO.<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                 |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                     |  | DATE ISSUED                                                                                                                                                                                                                                                                                                                                                                             |  |
| 15. DATE SPUDDED<br><b>4-14-72</b>                                                                                                                                                                                                                 |  | 16. DATE T.D. REACHED<br><b>4-23-72</b>                                                                                                                                                                                                                                                                                                                                                 |  |
| 17. DATE COMPL. (Ready to prod.)<br><b>5-4-72</b>                                                                                                                                                                                                  |  | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br><b>3376' gr</b>                                                                                                                                                                                                                                                                                                                              |  |
| 19. ELEV. CASINGHEAD                                                                                                                                                                                                                               |  | 20. TOTAL DEPTH, MD & TVD<br><b>3770'</b>                                                                                                                                                                                                                                                                                                                                               |  |
| 21. PLUG. BACK T.D., MD & TVD<br><b>3730'</b>                                                                                                                                                                                                      |  | 22. IF MULTIPLE COMPL., HOW MANY<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                          |  |
| 23. INTERVALS DRILLED BY<br><b>X</b>                                                                                                                                                                                                               |  | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*<br><b>Top - 3478'</b><br><b>Bottom - 3730'</b><br><b>Queen</b>                                                                                                                                                                                                                                           |  |
| 25. WAS DIRECTIONAL SURVEY MADE<br><b>no</b>                                                                                                                                                                                                       |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN<br><b>SMP and LL-9</b>                                                                                                                                                                                                                                                                                                                             |  |
| 27. WAS WELL CORED<br><b>no</b>                                                                                                                                                                                                                    |  | 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                                                                                                                                                      |  |
| 29. LINER RECORD                                                                                                                                                                                                                                   |  | 30. TUBING RECORD                                                                                                                                                                                                                                                                                                                                                                       |  |
| 31. PERFORATION RECORD (Interval, size and number)<br><b>3718', 13', 08', 3702', 3696', 90', 30', 3610', 3572', 71', 57', 39', 17', 3507', 3498'</b>                                                                                               |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL (MD)<br><b>3690' - 3718'</b><br><b>3670' - 3718'</b><br><b>3478' - 3690'</b><br><b>3498' - 3690'</b><br>AMOUNT AND KIND OF MATERIAL USED<br><b>1500 gals 15% HCL - NE acid</b><br><b>19000 gals water and 29000# 20/40 sand</b><br><b>3000 gals 15% HCL - NE acid</b><br><b>39000 gals water and 69000# 20/40 sand</b> |  |
| 33. PRODUCTION                                                                                                                                                                                                                                     |  | 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                                                                                                                                                                                                                                                                              |  |
| DATE FIRST PRODUCTION<br><b>5-4-72</b>                                                                                                                                                                                                             |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br><b>Pumping</b>                                                                                                                                                                                                                                                                                                  |  |
| WELL STATUS (Producing or shut-in)<br><b>Producing</b>                                                                                                                                                                                             |  | TEST WITNESSED BY<br><b>Mr. M.K. Chambless</b>                                                                                                                                                                                                                                                                                                                                          |  |
| DATE OF TEST<br><b>5-9-72</b>                                                                                                                                                                                                                      |  | HOURS TESTED<br><b>24</b>                                                                                                                                                                                                                                                                                                                                                               |  |
| CHOKE SIZE<br><b>—</b>                                                                                                                                                                                                                             |  | PRODN. FOR TEST PERIOD<br><b>188</b>                                                                                                                                                                                                                                                                                                                                                    |  |
| OIL—BBL.<br><b>—</b>                                                                                                                                                                                                                               |  | GAS—MCF.<br><b>—</b>                                                                                                                                                                                                                                                                                                                                                                    |  |
| WATER—BBL.<br><b>24</b>                                                                                                                                                                                                                            |  | GAS-OIL RATIO<br><b>—</b>                                                                                                                                                                                                                                                                                                                                                               |  |
| FLOW. TUBING PRESS.<br><b>—</b>                                                                                                                                                                                                                    |  | CASING PRESSURE<br><b>—</b>                                                                                                                                                                                                                                                                                                                                                             |  |
| CALCULATED 24-HOUR RATE<br><b>—</b>                                                                                                                                                                                                                |  | OIL GRAVITY-API (CORR.)<br><b>—</b>                                                                                                                                                                                                                                                                                                                                                     |  |
| 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 <b>[Signature]</b>                                                                                                                                                                                                                          |  | TITLE <b>Admin. Supervisor</b>                                                                                                                                                                                                                                                                                                                                                          |  |
| DATE <b>5-16-72</b>                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |

\*(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. 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: |     |        | 38. GEOLOGIC MARKERS |             |
|------------------------------|-----|--------|----------------------|-------------|
| FORMATION                    | TOP | BOTTOM | NAME                 | MEAS. DEPTH |
|                              |     |        | <del>Fensitt</del>   | 2467        |
|                              |     |        | Rugtler              | 1114        |
|                              |     |        | Salado               | 1218        |
|                              |     |        | Tansill              | 2464        |
|                              |     |        | Yates                | 2603        |
|                              |     |        | Saven Run.           | 2868        |
|                              |     |        | Queen                | 3366        |
|                              |     |        | Penrose              | 3478        |
|                              |     |        | Grayburg             | 3642        |

RECEIVED

MAY 5 1972

OIL CONSERVATION COMM.  
HOBBS, H. M.