

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 063228	
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 FIELDS	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1980' FEL OF SEC. 25 At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 3	
14. PERMIT NO. 4033 DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT CRUZ DELAWARE	
15. DATE SPUNDED 11-21-75		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 25, T. 23S, R. 32E	
16. DATE T.D. REACHED 11-28-75		12. COUNTY OR PARISH LEA	
17. DATE COMPL. (Ready to prod.) _____		13. STATE N.M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3711' GR		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 5200'		21. PLUG, BACK T.D., MD & TVD _____	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR - BHC Sonic & Dual Induction		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8 5/8"	WEIGHT, LB./FT. 24#	DEPTH SET (MD) 1300'	HOLE SIZE 12 1/4"
CEMENTING RECORD 650 Sks.		AMOUNT PULLED —	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION			
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____	
DATE OF TEST _____		WELL STATUS (Producing or shut-in) P&A	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.
FLOW. TUBING PRESS.		CASING PRESSURE	GAS—MCF.
CALCULATED 24-HOUR RATE		OIL—BSL.	WATER—BSL.
OIL GRAVITY-API (CORR.)		GAS-OIL RATIO	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____			
TEST WITNESSED BY _____			
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 Thy. Dugre		TITLE SR. ANALYST	
DATE 12-2-75			

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

11565-4. File

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, 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. Consult local State

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; 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
				TOP Rustler	1225
				TOP Salado	1350
				Base Salt	4790
				TOP Lamar ls.	5046
				" Ramsey ss.	5096
				" Ford sh.	5127
				" Olds ss.	5139