

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		7. UNIT AGREEMENT NAME	
2. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME <i>McCollister "B"</i>	
3. NAME OF OPERATOR <i>Continental Oil Company</i>		9. WELL NO. <i>1</i>	
4. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>		10. FIELD AND POOL, OR WILDCAT <i>McCollister "B"</i>	
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface <i>2310' F225 + 230' F225, F225, R-360, Sec 30, T. 1N, R. 30E</i> At top prod. interval reported below <i>Same</i> At total depth <i>Same</i>		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA <i>Sec 30, T. 1N, R. 30E</i>	
14. PERMIT NO.		DATE ISSUED	
12. DATE SPUNDED		13. DATE T.D. REACHED	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DT, RBL, RT, CR, ETC.)	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD	
21. PLUG, BACK T.D., MD & TVD		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)*		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>Electric Log & Micro-log, R. 1/2 Collar Log, B. 1/2 Collar Log</i>		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8" 5/8"	30#	509'	12 1/4"
5 1/2"	14#	2305'	7 1/2"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/4"	2285'		
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3174'-3224'		151# 25% HCl acid	
3224'-3268'		151# 25% HCl acid	
3268'-3280'		151# 25% HCl acid	
33. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)	
12-26-70	Pumping	Producing	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD
1-14-71	24 hrs.	0	60
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
	520#		520
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
Flared		M. L. E. Jackson	
34. LIST OF ATTACHMENTS			
35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>M. L. E. Jackson</i>		TITLE <i>Staff Supervisor</i>	
DATE <i>1-18-71</i>			

12505 (5) MFL (4) (See instructions and Spaces for Additional Data on Reverse Side)
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 23, 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 15: 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.

Item 25, col. 2: 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 26: "Seal: Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 32: 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 TESTS, CUBION TEST, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Rustler	1237	
				Salsado	1397	
				Tusill	2820	
				Yates	2998	
				Green River	3303	