

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions 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. C 068281 (B)	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. CESVR. ☐ 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 Russell 30 Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface - 2310' FSL + 2310' FWL OF Sec 30 At top prod. interval reported below - Same At total depth - Same		9. WELL NO. 8	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 9-23-76		16. DATE T.D. REACHED 10-9-76	
17. DATE COMPL. (Ready to prod.) 10-19-76		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3135' GR	
20. TOTAL DEPTH, MD & TVD 5820		21. PLUG, BACK T.D., MD & TVD 4442'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4254' - 4266'		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN BHC, DIL, ST		27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
9 5/8"	36 #	1075'	12 1/4"
7"	23 #	4470'	8 3/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE
			DEPTH SET (MD)
			PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) .40" Diameter Perf 2JSF 4254'-4258' and 4262'-4266'		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED - NONE -	
33.* PRODUCTION			
DATE FIRST PRODUCTION 10-19-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
DATE OF TEST 11-9-76		HOURS TESTED 24	
CHOKE SIZE —		PROD'N. FOR TEST PERIOD —	
OIL—BBL. 42		GAS—MCF. 174	
WATER—BBL. 76		GAS-OIL RATIO —	
FLOW. TUBING PRESS. —		CASING PRESSURE —	
CALCULATED 24-HOUR RATE —		OIL—BBL. —	
GAS—MCF. —		WATER—BBL. —	
OIL GRAVITY-API (CORR.) 39.4		TEST WITNESSED BY C. R. Paschal	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		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. D. Lee TITLE Adm. Supervisor DATE 4-13-77			

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

USGS(4), File

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.

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 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	TRUE VERT. DEPTH
				Rustler	954	
				Salado	970	
				Base Conduen salt	3993	
				Delaware ls.	4204	
				" ss	4244	