

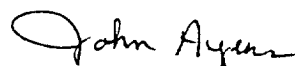
INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Vaughn A-14 WELL NO. 7 FIELD _____
 LOCATION Section 14, T-24S, R-36E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
477	1 1/4	10.3986	10.3986
564	1 1/2	2.2794	12.6780
748	1 1/4	4.0112	16.6892
964	1 1/4	4.7088	21.3980
1096	1 1/4	2.8776	24.2756
1220	1 1/2	3.2488	27.5254
1473	1 1/2	6.6286	34.1530
1753	1 1/2	7.3360	41.4890
2093	1 3/4	10.3700	51.8590
2593	2	17.4500	69.3090
2813	3	11.5060	80.8150
2938	3 1/4	7.0875	87.9025
3002	3	4.9162	92.8187
3125	3	4.8639	97.6826
3219	3	4.9162	102.5988
3344	3	6.5375	109.1363
3585	3 1/4	13.6647	122.8010

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

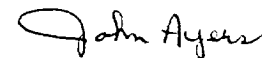
CACTUS DRILLING COMPANY



TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

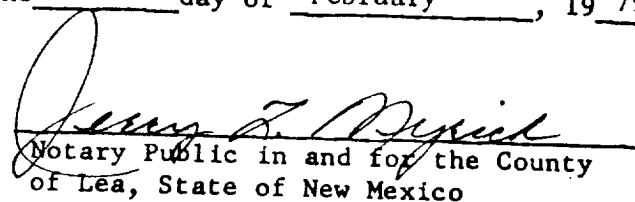


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 22nd day of February, 19 79

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


 Notary Public in and for the County
 of Lea, State of New Mexico

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL + 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) SET prod. csg.

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

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FEB 22 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC 030467 a
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMEU
8. FARM OR LEASE NAME
VAUGHAN A-14
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
SUMMIT YATES TRIVERS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 14, T 24S, R 36E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3344.6' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

drld to 3585' TD 2-17-79 run logs. ran csg as follows:

GS .44' SJ, FC, 11 jts 7" 23#, DV tool, 71 jts 7" 23#, K-55, LT; C

set @ 3569' GL, DV tool @ 3055'. Cmtd as follows: pmp 130sx Class

C cmt, circ 25 sx to surf. 2nd stage: 410 sx Howco lite, 400 sx Class

C cmt. circ 10sx. to surf. W.O.C. 18hrs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Butterfield TITLE Admin. Supv DATE 2

(This space for Federal or State)

APPROVED BY _____ TITLE _____ DATE 26 1979

CONDITIONS OF APPROVAL, IF ANY:

USGS 5
NMEU 4
FILE.

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL + 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐

(other) Spud well, set surf csg

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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FEB 20 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(Note: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

spud well 2-10-79, drld to 1220', surf csg TP.

set 1220' (KB) 9 5/8", 36#, K-55. ST+C csg w/ 765sx class C cmt. w/additives

CIRC. 300sx W.D.C. 18hr. press. test to 1000 psi held ok.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. A. Butterfield TITLE Administrative Supv DATE Feb 13, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:UGGS 5
NMFU 4
Sile.ACCEPTED FOR RECORD
FEB 20 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side