

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC.

(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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR CONOCO INC.						5. LEASE DESIGNATION AND SERIAL NO. LC-030556(A)	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 890' ENL, 990' FEL Unit A At top prod. interval reported below ✓ At total depth ✓						7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-025-27905						8. FARM OR LEASE NAME East Hooper Abo Unit	
DATE ISSUED						9. WELL NO. 1	
15. DATE SPUDDED 11/3/82						10. FIELD AND POOL, OR WILDCAT Undesignated Abo	
16. DATE T.D. REACHED 12/8/82						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34, T-23S, R-36E	
17. DATE COMPL. (Ready to prod.) Dry hole						12. COUNTY OR PARISH Lea	
18. ELEVATIONS (OF RSB, RT, GR, ETC.)* 3387.6 GR						16. STATE NM	
20. TOTAL DEPTH, MD & TVD 9000'		21. PLUG BACK T.D., MD & TVD P&A'd		22. IF MULTIPLE COMPL., HOW MANY* —		23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Abo, Tubb, Drinkard, Blinbry, Glorietta, San Andres, Grayburg, Queen, 7Rurs, Yates - All were non-commercial						25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLH-MSFL-GR CNL-FDC-GR-CAL						27. WAS WELL CORRED Yes	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8"		54.5 #		1336'		17 1/2"	
9 5/8"		36 #		3992'		12 1/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
				None			
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
		None					
31. PERFORATION RECORD (Interval, size and number) None - all zones non-commercial							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
None				None			
ACCEPTED FOR RECORD							
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping, etc. and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST		HOURS TESTED		CHOKER SIZE		PROD'N. FOR TEST PERIOD	
						NEW METER	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
						GAS—MCF.	
						WATER—BBL.	
						OIL GRAVITY-API (CORR.)	
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		TITLE		Administrative Supervisor		DATE	
[Signature]						10-17-85	

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