

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 ☐

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESRV. ☒ Other ☐

2. NAME OF OPERATOR
Continental Petroleum Corp.

3. ADDRESS OF OPERATOR
Box 68 Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

2310' FSL x 330' FEL, Sec. 22 (Unit I, NE 1/4 SE 1/4)

At total depth

14. PERMIT NO. DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

LC 032450(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Mottia Unit

8. FARM OR LEASE NAME

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

FOULER BLINERY

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

22-24-37 NMPM

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

15. DATE SPUDDED

CE 1-9-65

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

1-27-65

18. ELEVATIONS (DF, RKB, RT, GZ, ETC.)*

3348' RDB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

7856'

21. PLUG, BACK T.D., MD & TVD

5720'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5448'-5695' Blinney

26. TYPE ELECTRIC AND OTHER LOGS RUN

none

25. WAS DIRECTIONAL SURVEY MADE

no

27. WAS WELL CORED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<i>See Original Reports</i>			

ILLEGIBLE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<i>2 1/2</i>	<i>5554'</i>	

31. PERFORATION RECORD (Interval, size and number)

*5448'-5695', various in-
tervals w/ RJSPF*

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<i>5448-5695</i>	<i>2000 gal. acid Frac. 20,000 gal. acid 32,000 gal. acid 6,000 gal. acid</i>

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
1-28-65		Flowing					Flowing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
1-30-65	24	12/16	→	112	756	0	6735	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
1550	—	→				30.5°		

34. DISPOSAL OF GAS (Sold, used for fuel, vented, etc.)

Sold

35. LIST OF ATTACHMENTS

none

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Original signed by:

V. E. STALEY

SIGNED

TITLE

Operator

DATE

2-1-65

*Dist 0012
0-3-4545-4665
1-3-4545
1-3-4545
1-3-4545
1-3-4545*

1- State Land * (See Instructions and Spaces for Additional Data on Reverse Side)

1-507

1-513

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, Federal and/or State 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 3a.

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.

Blindfold