Form 9-330
(Rev. 5-63)

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

# WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: LC 032582 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other Plug & Abandoned

7. UNIT AGREEMENT NAME: NMFU

8. FARM OR LEASE NAME: Wells B-1

9. WELL NO.: 2

2. NAME OF OPERATOR: Continental Oil Company

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico

10. FIELD AND POOL, OR WILDCAT: NMFU Field Custer Ellenburger

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 660' FNL & 1980' FWL Sec. 1, T-25S, R-36E, Lea County, New Mexico, NMPM.
At top prod. interval reported below
At total depth Same as surface

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 1-25-36

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Lea | 13. STATE: New Mexico

| 15. DATE SPUDDED | 16. DATE T.D. REACHED | 17. DATE COMPL. (*Ready to prod.*) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* | 19. ELEV. CASINGHEAD |
|---|---|---|---|---|
| 11-7-64 | N/A | 1-27-65 P&A | 3252 DF | |

| 20. TOTAL DEPTH, MD & TVD | 21. PLUG, BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY | ROTARY TOOLS | CABLE TOOLS |
|---|---|---|---|---|---|
| 3449 | 3449 | | → | 0-3449 | |

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

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED: No

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

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|---|---|---|---|---|---|
| 13 3/8 | 48# | 1215 | 17 1/2 | 1095 sx Class "c" cmt. | |

29. LINER RECORD

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

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|---|---|---|
| | | |

31. PERFORATION RECORD (*Interval, size and number*)

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---|---|
| | |

33.* PRODUCTION

| DATE FIRST PRODUCTION | PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*) | WELL STATUS (*Producing or shut-in*) |
|---|---|---|
| | | |

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD → | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 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: ROBERT GAULT III SIGNED _____ TITLE Staff Supervisor DATE 2-1-65

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

USGS-5, NMOCC-2, PAN AM HOBBS 3, JM Atl Ros-2, Calif. Hous & Mid. 1 each