Form 9-330
(Rev. 5-63)

UNIT 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*

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

2. NAME OF OPERATOR: Continental Oil Company

9. WELL NO.: 2

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: SIGNED: ROBERT GAULT III 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