

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Jack B-26

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

NMFU Field

Devonian Test

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

26-24-37

12. COUNTY OR
PARISH
Lea13. STATE
N.M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____3. TYPE OF COMPLETION:
NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico

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

At surface 1980' FNL & 660' FWL of Sec. 26, T-24S, R-37E,
Lea County, New Mexico, NMPM.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

12-28-64

3-15-65

-

3211 DF

3202

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

10,246

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10,246

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

Dry hole, shut in pending further study.

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Geolograph, Gamma Ray Induction, Dipmeter,

27. WAS WELL CORED

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# | 309' | 15" | 225 sks | |
| 9 5/8" | 36# | 3543' | 12 1/4" | 650 sks | |
| | | | | | |
| | | | | | |

29. LINER RECORD

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

Deviation Surveys

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

Paul R. Stephens

TITLE

Staff Supervisor

DATE

8-26-65

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

USGS 5, NMOCC-2, PAN AM HOBBS -3, ATL ROS -2, CALIF MID-2 FILE-2