

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved:
Budget Bureau No. 42-P1424.

5. LEASE DESIGNATION AND SERIAL NO.
SF-078134

6. INDIAN, ALLOTTEE OR TRIBE NAME
87

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Crandell

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT

Pictured Cliffs

11. SEC., T., R., M., OR BLM. AND
SURVEY OR ALMA

Sec 19-31N-10W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Astec Oil & Gas Company

3. ADDRESS OF OPERATOR
Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 15 below.)
At surface

820 ENE & 1170 FEL, Sec. 19-31N-10W

14. REMARKS (When well is on LE, SE, SW, etc.)

5872 GR.

16. Check appropriate box to indicate Nature of Notice, Report, or Other Data

REASON OF INTENTION FOR:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

WELL OR ALTER Casing ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACURE TREATMENT ☐

MULTIPLE COMPLETION ☐

FRACURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

Speed Report ☒

(Other)

(Note: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markers and zones pertinent to this work.)

7-2-69 TD 114'. Ran 3 joints 8-5/8" 24' casing. Landed 114', cement w/75 sz class C 2% cc. Pressure test casing 500# - OK. Plug down 12:00P.M.



RECEIVED

U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

18. I hereby certify that the foregoing is true and correct

SIGNED

John C. Adams

TITLE

District Superintendent

DATE

7-24-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side