

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. RESVR. ☐	Other		
2. NAME OF OPERATOR		Astec Oil and Gas							
3. ADDRESS OF OPERATOR		Drawer 570, Farmington, New Mexico							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 990 FNL & 1650 FEL, Sec. 22, T-32N, R-12W							
At top prod. interval reported below									
At total depth									
14. PERMIT NO.		DATE ISSUED							
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
9/13/66		9/25/66		10/12/66		6141 GR		6142	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS	
7390m		5060				→		X	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		4935 - 5030 Masoverde					25. WAS DIRECTIONAL SURVEY MADE		
26. TYPE ELECTRIC AND OTHER LOGS RUN		ES Induction					27. WAS WELL CORED		
							NO RP		
28. CASING RECORD (Report all strings set in well)									
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
3 1/2		11.6 & 10.5		7090		4 3/4		150 m	
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)	
30. TUBING RECORD									
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
1 1/2		5005							
31. PERFORATION RECORD (Interval, size and number)					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
4935-45, 4982-5008, 5025-30					DEPTH INTERVAL (MD)				
					4935-5030				
					80,640 gal H ₂ O				
					40,000 gal 20/40				
					30,000 gal 10/20				
					dropped 65 balls				
33.* PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)		
		Flowing					Producing		
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		GAS—MCF.	
10/20/66		3 hr		3/4"		→		364	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		WATER—BBL.	
163		471		→					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WHEN USED BY				
vented					NOV 1 1966				
35. LIST OF ATTACHMENTS					OIL CON. COM. DIST. 3				
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
ORIGINAL SIGNED BY JOE C. SALMON		TITLE		District Superintendent		DATE		10/24/66	
SIGNED									

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

INSTRUCTIONS

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, or 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 35.

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: tops(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.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH