

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 _____		5. LEASE DESIGNATION AND SERIAL NO. M 0237	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Astos Oil & Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 837, Hobbs, New Mexico		8. FARM OR LEASE NAME Federal M.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1900 FUL and 660 FUL, Section 21, 18E, 13E At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPURRED 4/24/67		16. DATE T.D. REACHED 6/13/67	
17. DATE COMPL. (Ready to prod.) 8/4/67		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3842 KB, 3826 CM	
19. ELEV. CASINGHEAD 3826		10. FIELD AND POOL, OR WILDCAT Wildcat	
20. TOTAL DEPTH, MD & TVD 13,463 KB		21. PLUG, BACK T.D., MD & TVD 13,436 KB	
22. IF MULTIPLE COMPL., HOW MANY* Two		23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Narrow 13,228-424 (See other report for Wolfcamp interval)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Densilog-Gamma Ray-Caliper-Dual Induction - Neutron - Cement Bond		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-3/8	48	349	17-1/2
8-5/8	32	424	11
7-1/2	20 & 17	1962	7-7/8
CEMENTING RECORD			
300 SCS			
500 SCS			
1000 SCS			
AMOUNT PULLED			
None			
None			
None			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
8-1/2	13,424	13,180	
31. PERFORATION RECORD (Interval, size and number)			
13,228-24, 13,258-70, 13,370-78 13,428-64 (4 holes per foot)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
Interval well			
33.*			
DATE FIRST PRODUCTION August 4, 1967		PRODUCTION METHOD (Flowing, gas lift, pump) Flowing	
DATE OF TEST 8/20/67		HOURS TESTED 24	
CHOKE SIZE 14/64		PROD'N. FOR TEST PERIOD 137	
OIL—BBL. 137		GAS—MCF. 3430	
WATER—BBL. 0		GAS-OIL RATIO 25.037	
FLOW. TUBING PRESS. 3800		CASING PRESSURE Fracture	
CALCULATED 24-HOUR RATE 137		OIL GRAVITY-API (CORR.) 36	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
TEST WITNESSED BY Lester L. Duke			
35. LIST OF ATTACHMENTS None			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED LESTER L. DUKE TITLE District Superintendent DATE August 22, 1967			

* (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, top(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: "Seals Concept": 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, FLUIDS 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
SEE WELFCAMP REPORT FOR DATA AND MARKERS.						

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

TE*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Antec Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 837, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

**1930 FHL and 660 FHL Section 21-2 18S-R 33E
Lea County, New Mexico**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal LA

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 21-18S-33E

N.M.P.M.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3941 DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Blowout and Fire

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This is to give notice that the subject well blew out of control on July 12, 1967 and caught fire at approximately 3:00 A.M. July 13, 1967. Estimated volume of gas blowing from the Morrow zone is 5,000 to 6,000 MCFPD with 120 to 130 bbls. of oil per day. The fire was extinguished and the well brought under control on July 18, 1967.

ILLECIBLE

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

SIGNED **Lester L. Duke**

TITLE **District Superintendent**

DATE **August 22, 1967**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.