

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other
instruction
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. NM-11768	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P & A						6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Morris R. Antweil						7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 2010, Hobbs, N.M. 88240						8. FARM OR LEASE NAME Federal "76"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 330' FEL Sec 9 -T25-R37E At top prod. interval reported below At total depth						9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
15. DATE SPURRED. 26 Mar. '76						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 9-T25S-R37E	
16. DATE T.D. REACHED 4 April '76						12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) P & A						13. STATE NewMex	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3128' GR						19. ELEV. CASINGHEAD 3128'	
20. TOTAL DEPTH, MD & TVD 3625'		21. PLUG, BACK T.D., MD & TVD 3590'		22. IF MULTIPLE COMPL., HOW MANY* ---		23. INTERVALS DRILLED BY ---	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE No.	
26. TYPE ELECTRIC AND OTHER LOGS RUN Neutron-Density, Microlaterlog, Laterlog						27. WAS WELL CORED No.	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13-3/8"				40'			
9-5/8"		36 & 40#		810'		12-1/4"	
5-1/2"		17#		3625'		7-7/8"	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SIZE	
31. PERFORATION RECORD (Interval, size and number) 3449' - 3581' (47 holes.)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				3449'-3583'		1500 gals. acid	
				" "		30,000 gals. frac.	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) 7. A.D.P.	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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 Logs, Deviation Record							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>RM Williams</i>		TITLE Agent		DATE 18 Nov. 77			

*(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: "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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
0	1060		Surface Rock, Red Beds
1060	1145		Anhydrite
1145	2533		Salt
2533	2707		Anhydrite
2707	3033		Sand, Anhydrite, Red Shale
3033	3412		Anhydrite, Shale, Sand
3412			Sand, Anhydrite, Dolomite

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Anhydrite	1060		
Base Salt	2533		
Yates	2707		
Seven Rivers	3033		
Queen	3412		
Penrose	3537		