

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R255.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM-21452	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Panos Investment Company D Federal	
2. NAME OF OPERATOR Gulf Oil Corporation				7. UNIT AGREEMENT NAME 	
3. ADDRESS OF OPERATOR Box 670, Hobbs, N.M. 88240				8. FARM OR LEASE NAME Panos Investment Company D Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL 1980' FEL Section 21-20N-5W At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Undesignated Entrada	
15. DATE SPUNDED 6-7-77 16. DATE T.D. REACHED 6-22-77 17. DATE COMPL. (Ready to prod.) Dry 18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 6777' GL 19. ELEV. CASINGHEAD -				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 21-20N-5W	
20. TOTAL DEPTH, MD & TVD _____ 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY 0 - 6000' ROTARY TOOLS _____ CABLE TOOLS _____				12. COUNTY OR PARISH McKinley 13. STATE N.M.	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None - dry				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Compesated Neutron - Density Dual Induction				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	36#	500'	12 1/4"	300 sx - circulated	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) None					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION None - Dry		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in) Plugged & Abandoned
DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
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 <i>C.R. Korybun</i>		TITLE Area Engineer		DATE 8-5-77	

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