

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY PAN AMERICAN PETROLEUM CORPORATION, P. O. Box 487, Farmington, New Mexico  
(Address)

LEASE State of New Mexico WELL NO. 2 UNIT N S 2 T 24N R 10W  
"AW"

DATE WORK PERFORMED 6-17-59 POOL Bisti-Lower Gallup

This is a Report of: (Check appropriate block)  Results of Test of Casing Shut-off  
 Beginning Drilling Operations  Remedial Work  
 Plugging  Other \_\_\_\_\_

Detailed account of work done, nature and quantity of materials used and results obtained.

Well was spudded 6-16-59 and on 6-17-59 8-5/8" casing was set at 218 feet and cemented with 160 sacks. Cement was circulated to surface. After waiting on cement, casing was tested with 400 psi for 30 minutes and no indicated drop in pressure. Reduced hole to 7-7/8" and resumed drilling operations.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. \_\_\_\_\_ TD \_\_\_\_\_ PBD \_\_\_\_\_ Prod. Int. \_\_\_\_\_ Compl Date \_\_\_\_\_  
 Tbng. Dia \_\_\_\_\_ Tbng Depth \_\_\_\_\_ Oil String Dia \_\_\_\_\_ Oil String Depth \_\_\_\_\_  
 Perf Interval (s) \_\_\_\_\_  
 Open Hole Interval \_\_\_\_\_ Producing Formation (s) \_\_\_\_\_

RESULTS OF WORKOVER:

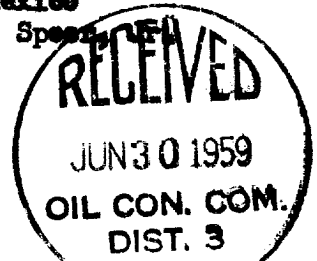
	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____

Witnessed by \_\_\_\_\_ (Company)

OIL CONSERVATION COMMISSION

Name Original Signed By  
A. R. KENDRICK  
Title PETROLEUM ENGINEER DIST. NO. 3  
Date JUN 30 1959

I hereby certify that the information given above is true and complete to the best of my knowledge. ORIGINAL SIGNED BY  
 Name R. M. Bauer, Jr.  
 Position Area Engineer  
 Company PAN AMERICAN PETROLEUM CORPORATION  
Box 487  
Farmington, New Mexico  
 Attention: L. O. Spear



**OIL CONSERVATION COMMISSION  
AZTEC DISTRICT OFFICE**

No. Copies Received \_\_\_\_\_

DISTRIBUTION		
	NO. FURNISHED	
Operator	2	
Engineer	1	
Production Office		
State Land Office		
U. S. G. S.		
Transporter		
File	1	1