

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. 14-20-603-5035	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 480, Farmington, New Mexico				8. FARM OR LEASE NAME Navajo Tribal "N"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2130 FSL and 660 FEL At top prod. interval reported below same At total depth same				9. WELL NO. 5	
14. PERMIT NO.				DATE ISSUED	
12. COUNTY OR PARISH San Juan				13. STATE New Mexico	
15. DATE SPUNDED 11-7-64		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5807 (RDB)		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 6460		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS	
0-6460					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN AB-Induction, Gamma Ray Sonic w/Caliper				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
13-3/8"		48#		90	
8-5/8"		24#		1512	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
17-1/2"		100 Sacks		None	
11"		500 Sacks		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)					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) DEC 9 1964					
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)		WELL STATUS (Producing or shut-in) Plugged and abandoned 12-2-64	
DATE OF TEST		HOURS TESTED		CHOKE 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.)					
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records Fred M. Labors, District Engineer SIGNED F. H. HOLLINGSWORTH TITLE _____ DATE December 4, 1964					

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

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 intervals, 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 Cemented": 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.)

U.S. GOVERNMENT PRINTING OFFICE : 1963—O-683636