

NEW MEXICO OIL CONSERVATION COMMISSION  
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Pan American Petroleum Corporation Box 487 Farmington, New Mexico  
(Address)

LEASE State of New Mexico Gas WELL NO. 1 UNIT L S 36 T 29N R 9W  
Unit "V"  
DATE WORK PERFORMED January 30, 1959 POOL Undesignated Pictured Cliffs

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.

State of New Mexico Gas Unit "V" No. 1. On January 24, 1959, 4-1/2" casing was set at 2155' with 600 sacks 6% gel cement with 2 pounds Tuf Plug per sack, followed by 50 sacks neat. Released rotary rig on January 24, 1959. Moved in completion unit on January 29, 1959 and tested casing with 3000 pounds pressure, which held with no drop in pressure.

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 Emery C. Arnold  
Title Supervisor  
Date FEB 5 1959

I hereby certify that the information given above is true and complete to the best of my knowledge. ORIGINAL SIGNED BY  
Name E. M. Arnold

Position Field Engineer  
Company Pan American Petroleum Corporation  
Box 487  
Farmington, New Mexico



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Cont. 12-2-21

Name of Ship	
Address	
City	
State	
Port of Origin	
Destination	
Date of Departure	
Date of Arrival	
Remarks	