

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 1-99-100-54	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		7. UNIT FOREMENT NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		8. FARM OR LEASE NAME U.S.G. Section 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 165' FWL and 2475' FWL At top prod. interval reported below Same At total depth Same		9. WELL NO.	
14. PERMIT NO.		13. STATE New Mexico	
15. DATE SPUNDED 11-1-67		18. ELEVATIONS (DF, RKE, RT, OR ETC.) CL 3996', 27 4996'	
16. DATE T.D. REACHED 11-4-67		19. SLEV. CASINGHEAD	
17. DATE COMPL. (Ready to prod.) 11-5-67		20. TOTAL DEPTH, MD & TVD 664'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Hogback Dakota - Top 662'	
25. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron		26. WAS DIRECTIONAL SURVEY MADE	
27. WAS WELL CORED		28. AMOUNT BULLED	
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
3"	205	79'	8-1/4"
6-1/2"	10.34	663'	8-1/8"
30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
31. PERFORATION RECORD (Interval, size and number) Open hole 663' - 664'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
33.* PRODUCTION			
DATE FIRST PRODUCTION 11-5-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 11-5-67	HOURS TESTED 16-1/2	CHOKE SIZE 20/64"	PROD'N. FOR TEST PERIOD 91
FLOW. TUBING PRESS. 0	CASING PRESSURE 10 psig	CALCULATED 24-HOUR RATE 132	GAS—MCF. 132
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			
Original Signed By, SIGNED G. W. EATON, JR.		TITLE Area Engineer	
DATE November 8, 1967			

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1-67-100-38

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Mesa Jo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 18

9. WELL NO.

37

10. FIELD AND POOL, OR WILDCAT

Haystack Dakota

11. SEC. T., R., M., OR BLM. AND
SURVEY OR AREA

Section 18,

T-32-N, R-10-W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 165' FWL & 1475' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4996' GR, 4999' RT

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Due to this well's decline in daily oil production, we plan to pump the well as follows:

1. Pull tubing.
2. Break down formation with 20 barrels lease crude oil.
3. Frac with 5000 pounds 10-20 sand and 3,000 gallons crude oil.
4. Displace with 10-3/4 barrels lease crude oil.
5. Run tubing and flow back.



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DEC 21 1967

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

18. I hereby certify that the foregoing is a true and correct copy

SIGNED G. W. Eaton, Jr.
G. W. Eaton, Jr.TITLE Area EngineerDATE December 19, 1967

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
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Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 1-87-130-10
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 165' FWL & 2475' FWL		8. FARM OR LEASE NAME B.S.G. Section 10
14. PERMIT NO.		9. WELL NO. 27
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4996' GR, 4999' RT		10. FIELD AND POOL, OR WILDCAT Baghook Subarea
		11. SEC. T., E., M., OR BLK. AND SURVEY OR AREA Section 10, T-14-N, R-14-W
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENTS <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Due to this well's decline in daily oil production, it was plugged 12-13-67 as follows:

Sand-oil hydraulically fractured formation with 6174 gallons lance grade oil and 3,000 pounds 10-20 sand. Breakdown pressure 1200-900 psi. Fracturing pressure 1000 psi maximum, minimum, 1000 psi average. Average injection rate 14 bbl.



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U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct

SIGNED G. W. EATON, JR. TITLE Area Engineer DATE December 20, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: