

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form Approved
Budget Bureau No. 42-R855.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other Eff. **Temporarily Abandoned**

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RES. **Pan American Petroleum Corp. has changed its name to AMOCO PROD. CO.**

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)*
At surface **990' FWL & 1155' FWL**
At top prod. interval reported below **Same**
At total depth **Same**

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
1-35-IND-53

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USG Section 19

9. WELL NO.
79

10. FIELD AND POOL, OR WILDCAT
Hogback Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Section 19, T-29-N, R-16-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

15. DATE SPUDDED **11-22-67** 16. DATE T.D. REACHED **12-3-67** 17. DATE COMPL. (Ready to prod.) **Temp. Aband. 2-19-68** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **5907' GL, 5011' BBL** 19. ELEV. CASING HEAD

20. TOTAL DEPTH, MD & TVD **657'** 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY ROTARY TOOLS **0-637'** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
652' Top of Dakota

25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray-Neutron

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
7"	200	68'	9-5/8"	45 sx.	
4-1/2"	9.50	651'	6-1/4"	125 sx.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	636'	

31. PERFORATION RECORD (Interval, size and number)
Open Hole 651' - 637'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
651-637'	Sand-oil hydrofract with 3174 Gal oil & 5,000 lb 10-20 sand.

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD **Leaking, gas lift, pumping—size and type of pump** WELL STATUS (Producing or shut-in) **Temp. Abandoned 2-19-68**

DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-17-67	23	22/64"	→	0	0	300	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL TO WATER RATIO (COOR.)	
70	90	→	0	0	313		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY **1072**

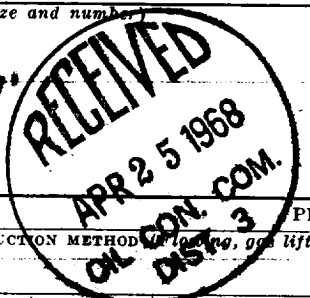
35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED **G. W. Eaton, Jr.** TITLE **Area Engineer** DATE **April 22, 1968**

Copy of Gamma Ray-Neutron Log

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



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 19

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Section 19,

T-29-N, R-16-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 GAS WELL OTHER **Temporarily Abandoned**

2. NAME OF OPERATOR **Pan American Petro. Corp.**

3. ADDRESS OF OPERATOR **PAN AMERICAN PETROLEUM CORPORATION** has changed its name to **AMOCO PROD. CO.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface **501 Airport Drive, Farmington, New Mexico 87401**

99' VML x 1155' VEL, Section 19, T29N, R16W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5011' RDB, 5007' CL

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

We plan to squeeze the open hole interval of the subject well with 50 sacks cement. After drilling out to 652-1/2', an Abrasijet notch will be made at 651-1/2'. The well will then be fraced with 20,000 gallons water containing 40 pounds gel per 1000 gallons and 20,000 pounds 10-20 sand.



NOV 10 1969

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

SIGNED L. R. Chasin TITLE petroleum Engineer DATE 11-6-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 19

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

**NE/4 NE/4 Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL GAS WELL OTHER **Dry Hole**

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

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

990' FNL & 1155' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5011' RDB, 5007' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

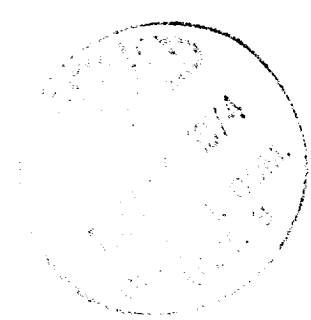
(Other) **Present Status**

(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.)*

U.S.G. Section 19 Well No. 29 has never produced oil in commercial quantities, but the casing is full of oil at present. The well was temporarily abandoned February 19, 1968. Amoco Production Company is presently doing a field study of the Hogback Dakota Field and upon its completion the future of the well will be decided.



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

Original Signed By

SIGNED **R. E. McCLOSKEY**

TITLE **Area Engineer**

DATE **October 31, 1974**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U.S.G. Section 19

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

**NE/4 NE/4 Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

AMCO PRODUCTION COMPANY

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

990' VWL & 1155' VWL, Section 19, T-29-N, R-16-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5007' GL, 5011' RDB

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

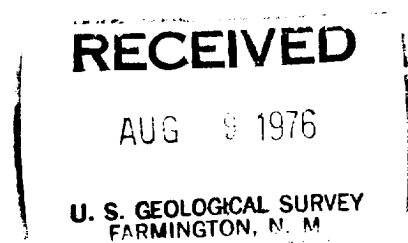
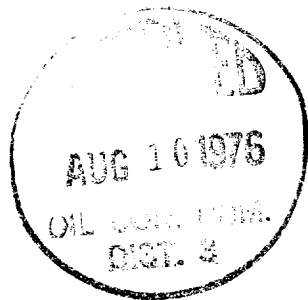
ABANDONMENT*

(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 the subject well being unable to produce commercial quantities of hydrocarbons, we propose to abandon the well as follows:

- 1. Squeeze 10 sacks Class "A" Neat cement into formation.**
- 2. Load the 4-1/2" casing to the surface with Class "A" Neat cement.**
- 3. Cut off the wellhead. Erect P&A marker and clean up the location.**



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

SIGNED *Aron Engineer*

TITLE **Aron Engineer**

DATE **August 5, 1976**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

Alcal

*See Instructions on Reverse Side

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U. S. G. Section 19

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

**NE/4 NE/4 Section 19,
T-29-N, R-16-W**

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

990' PNL & 1155' VEL, Section 19, T-29-N, R-16-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5007' CL, 5011' RDB

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 the subject well being unable to produce commercial quantities of hydrocarbons, we plugged and abandoned it on 8-15-76 as follows:

- 1). Squeezed 10 sacks Class "A" Neat cement into formation at 637'.
- 2). Loaded the 4-1/2" casing to the surface with 60 sacks of Class "A" Neat cement.
- 3). Cut casing and erected P X A marker.
- 4). Cleaned up and reseeded location. Reseeding was completed in accordance with Mr. Leonard Fuller, BIA, Shiprock, instructions of 9-8-76 using a total of 6-1/2 pounds per acre of Crested Wheat mix, Smooth Bromegrass, Four Wing Salt Bush and Nixed Alfalfa.



SEP 23 1976
GEOLOGICAL SURVEY

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

SIGNED

E. E. Prohoda

TITLE

Area Adm. Supervisor

DATE

9-22-76

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-38
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMCO PRODUCTION COMPANY		8. FARM OR LEASE NAME U. S. G. Section 19
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		9. WELL NO. 29
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 1155' FNL, Section 19, T-29-N, R-16-W		10. FIELD AND POOL, OR WILDCAT Hogback Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 NE/4 Section 19, T-29-N, R-16-W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5007' GL, 5011' RDB	12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

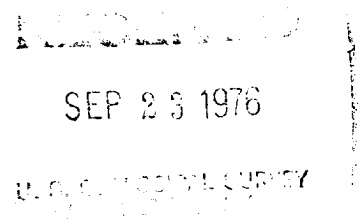
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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 the subject well being unable to produce commercial quantities of hydrocarbons, we plugged and abandoned it on 8-15-76 as follows:

- 1). Squeezed 10 sacks Class "A" Neat cement into formation at 657'.
- 2). Loaded the 4-1/2" casing to the surface with 60 sacks of Class "A" Neat cement.
- 3). Cut casing and erected P X A marker.
- 4). Cleaned up and reseeded location. Reseeding was completed in accordance with Mr. Leonard Fuller, BIA, Shiprock, instructions of 9-8-76 using a total of 6-1/2 pounds per acre of Crested Wheat mix, Smooth Bromegrass, Four Wing Salt Wash and Neced Alfalfa.



(8-15-76)

18. I hereby certify that the foregoing is true and correct
 SIGNED *E. L. Svoboda* TITLE Area Adm. Supervisor DATE 9-22-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

E. L. McGRATH
DISTRICT ENGINEER