NUMBER OF COP .S RECEIVED DISTRIBUTION SANTA F. FILE U.E G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONCERVATION (DMMISSION Samu Fe, New Mexico

(Form C-104) Pavised 7/1/57

RED EST FOR WHILE (GAS) ALL WARLE

New Well Recompletion

This form shall be submitted by the operator before an out al allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to she same District Office to which Form C-101 was sent. The allowable will be assigned effective 7-90 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Can must be reported in 10-20 psia at 60° Fahrenheit.

| PanAmerican Petroleum Corp. Federal Gas Unit D, Well No. 1 , in W /4, (Company or Operator) D | | | - | • | Farmington, | New Mexico | Hay | |
|--|--------------|--------------|--|------------------------|----------------------------------|-----------------|-------------------|---------------------------------------|
| Company or Operator: Company or Operator: Coperator: Company or Operator: Company or Operator: Company | VE ARE H | EREBY F | CLOUESTI | ING AN ALLOWAR | | WNIAS | (| (Date) |
| Use Letter Same James County De Stoy (de April 19, 1964 Date Drilling Completed April 29, 1966 Elevation 5705 (RUD) First See Description County De Stoy (de April 19, 1964 Date Drilling Completed April 29, 1966 E F G H Open Hole Name of Frot. Form. Delects E F G H Open Hole Name Description Casing Stope 6465 Tothing 6329 Cli Well 1851 Natural Frod. Test when I feature Treatment (after recovery of volume of oil equal to volume of State Choice State Frot. Sur Fret Sax Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of State Choice State State Acid or fracture Incenture Incent | PanAmer | ican Pe | troleum (| Corp. Federal Ge | s Unit D Well No | 1 in | NW IZ | NM 17 |
| County, Da = Souy dec. April 19, 1964. Date Drilling Completed April 29, 1964 Please indicate location: Elevation 5705 (RDB) Top 3705 x.v. 6296 Name of Prof. Form. Daketa PRODUCING INTRAVAL 6360-64, 6382-94, 64.06-16 with 2 shots per foot. E F G H Open Hole Name Open Hole Name | Cor | npany or O | perator) | _30_H _1 | Sease) | Doods Dabak | | ·························/ 4 , |
| Please indicate location: Elevation 7705 (MB) Potal Depth Cash Page MAS Top 6776 as 20 4296 | Unit Lot | | c, | , T R | , NMPM., | DESIR DEEM | | Pool |
| Please indicate location: Description | San Juan | . | | County, Date Soud | ded April 19, 1964 | Date Drilling | Completed Apri | 1 29, 196 |
| E F G H Open Hole None Casing Shoe 64.85 Depth Tuking 63.29 L K J I Natural Prod. Test: bols.oil, tibis water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke None State Indiangles of Choke Size Matural Prod. Test: bols.oil, bbls water in hrs, min. Size GAS WELL TEST: Natural Prod. Test: bols.oil, bbls water in hrs, min. Size Matural Prod. Test: bris.oil, bbls water in hrs, min. Size GAS WELL TEST: Natural Prod. Test: bris.oil, bbls water in hrs, min. Size GAS WELL TEST: NATURAL Treatment (after recovery of volume of oil equal to volume of Choke Size Matural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (fitor, back pressure, etc.): Str Fret Sax Test After Acid or reacture freatment: 5000 MCF/Day; Hours flowed 3 Choke Size 3/4" leshed of Testing: PITOT TUBE 4 1/2" 6517 1600 Salding Add Gallens state and 50,600 Pounds said 1 Acid or Fracture Treatment (Give anounts of interials used, such as acid, water, oil, and sandlish 600 Gallens state and 50,600 Pounds said 2 3/8" 6350 Casing 900 Triing 100 Liste first new oil run to tanks Shut-in Gil Transporter El Paso Natural Gas Company Cemark: Well completed May 12, 1564 as Basin Dakota Field Well. I hereby certify that the information given above is true and complete to the best of my knowledge Supproved MAY 2 0 1964 19 Michael Stevendbary or Operator) L R Iumer By: Original Signed Emery C. Arnold Title Administrative Clerk Send Communications regarding well to: | | | | Elevation 5705 (R | DD) Fotal De | epth 6485 | рвто 644 | 3 |
| E F G H Open Hole Neme Casing Shoe 6485 Depth Tuking 6329 L K J I Natural Prod. Test: | - T | | | Top 📆/Gas Juy | Name of | Prod. Form. D | aketa | |
| Perforations | Z ' | - 1 в | A | PRODUCING INTERVAL | 6360-64, 6382-0 | L. 6404-14 : | with 2 shots | ner fact |
| Deen Hole Name Open Hole Name Oct. WELL TES: Natural Prod. Yest: bols.oil, this water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls.oil. bbls water in hrs, min. Size OCT. WELL TES: Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls.oil. bbls water in hrs, min. Size GAS WELL TEST Natural Proc. Test: MCF/Day; Hours flowed Choke Size Natural Proc. Test: MCF/Day; Hours flowed Choke S | | | | Perforations | 6296-6312 with | 4 shets per | foot | box reda |
| L K J I Natural Prod. Test: | E | F G | H | Open Hole Nene | Depth Casing S | thoe 6485 | Depth Tubing | 329 |
| Natural Prod. Test: bols.oil. bbls water in hrs. min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke | | | Ì | | SA WORK MIT TANKS NAME OF STREET | | 1001110 | |
| Test After Acid or fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bhis,oilbbis water inhrs,min. Size | L | K J | I | | | | | Choke |
| Choke Chok | | | | | | | | _ |
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| Natural Proc. Test: NCF/Day; Hours flowed Choke Size | - | and 2000 | 191.12 | GAS WELL TEST - | | | | |
| Sur Feet Sax Test After Acid or fracture freatment: 5000 MCF/Day; Hours flowed 3 Choke Size 3/4" Method of Testing: PITOT TURE Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil., and sand): 145,000 Gallens mater and 50,500 Pounds and Casing Press. Callens mater and 50,500 Pounds and Casing Press. Cil Transporte: Plateau, Inc. Cil Transporte: Plateau, Inc. Cil Transporte: Plateau, Inc. Cil Con. C. 19. I hereby certify that the information given above is true and complete to the best of my knowledge approved. MAY 2 0 1964 I hereby certify that the information given above is true and complete to the best of my knowledge approved. MAY 2 0 1964 Conservation Commission OIL CONSERVATION COMMISSION By: (Signature) Title: Administrative Clerk Send Communications regarding well to: | | | - FN39 | Natural Prod. Test: | MCF/Day; | Hours flowed _ | Choke Size | |
| Test After Acid or Fracture Freatment: MAN MCF/Day; Hours flowed Choke Size 3/4" tethod of Testing: PITOT TUBE Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): Acid or Fracture Treatment (Give amounts of materials used, such as acid or Fracture Treatment (Give amounts of materials used, such as acid or Fracture Treatment (Give amounts of materia | tubing ,Cast | ing and Cem | enting Reco | rd Method of Testing (| itot, back pressure, etc.) | · | | |
| Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, cil, and sand): As 600 Gallens water and 50,000 Pounds sand Casing 900 Tubing 400 Bate first new oil run to tanks Shut-in Cil Transporte: Plateau, Inc. Gas Transporter Il Paso Natural Gas Company emarks: Well completed May 11, 1964 as Basin Dakota Field Well. I hereby certify that the information given above is true and complete to the best of my knowledge proved MAY 2 0 1964 Pan American Petroleum Corporation ORIGINAL SIGNEOUP any or Operator) L. R. Turner OIL CONSERVATION COMMISSION By: (Signature) Title Administrative Glock Send Communications regarding well to: | Size | Feet | SAX | Test After Acid or | racture [reatment: 5000 | MC. | F/Day; Hours flow | ed |
| 2 3/8º 6350 Casing 960 Tuhing 460 bate first new oil run to tanks Shut-in Cil Transporter Plateau, Inc. Cil Transporter Plateau, Inc. Cil Transporter Ri Paso Natural Gas Company emarks: Well completed May 11, 1964 as Basin Dakota Field Well. Thereby certify that the information given above is true and complete to the best of my knowledge proved. MAY 2 0 1964 Pan American Petrolem Corporation URIGINAL SIGNE Company or Operator) L. R. Tumer OIL CONSERVATION COMMISSION By: (Signature) Title Administrative Clerk Send Communications regarding well to: | 8 5/8 | 348 | 250 | Choke Size 3/4" | Method of Testing: | ITOT TUBE | | |
| Casing 900 Tubing 400 Date first new oil run to tanks Shut-in Oil Transporter Plateau, Inc. Gas Gempany CIL CON. C. Vol. DIST. 3 I hereby certify that the information given above is true and complete to the best of my knowledge proved MAY 2 0 1964 Pan American Petrolem Corporation Unignal Signed Emery C. Arnold Title Administrative Clark Send Communications regarding well to: | 4 1/2" | 6517 | 1600 | | | | | r, oil, and |
| Cil Transporter Il Paso Natural Gas Company emarks: Well completed May 11, 1964, as Basin Dakota Field Well. OIL CON. C. W. I hereby certify that the information given above is true and complete to the best of my knowledge pproved. MAY 2 0 1964 19. Pun American Petroleum Gerperation URIGINAL SIGNEOMPANY or Operator) L. R. Turner OIL CONSERVATION COMMISSION By: (Signature) Title Administrative Clerk Send Communications regarding well to: | 2 3/8* | 6350 | | | | | | |
| emarks: Well completed May 11, 1964, as Basin Dakota Field Well. MAY 20 1964 Thereby certify that the information given above is true and complete to the best of my knowledge pproved. MAY 2 0 1964 Pan American Petrolem Gerperation Unional Signed Emery C. Arnold Title Administrative Clerk Send Communications regarding well to: | | | | | | | | |
| emarks: Well completed May 11, 1964, as Basin Dakota Pield Well. OIL CON. C. M. DIST. 3 I hereby certify that the information given above is true and complete to the best of my knowledge performed. MAY 2 0 1964 pproved. MAY 2 0 1964 Pen American Petrolem Corporation URIGINAL SIGNEOMETRIAN OF OPERATOR OIL CONSERVATION COMMISSION By: (Signature) Y: Original Signed Emery C. Arnold Send Communications regarding well to: | | | <u></u> | | | en san w | / KEDLIY | B |
| I hereby certify that the information given above is true and complete to the best of my knowledge opproved. MAY 2 0 1964 OIL CONSERVATION COMMISSION By: (Signature) Original Signed Emery C. Arnold Send Communications regarding well to: | emarks. We | 11 comp | leted May | 7 11, 1944 as Bas | in Dakota Field We | 11, | NAAV G Est | .4A.\$ |
| I hereby certify that the information given above is true and complete to the best of my knowledge proved. MAY 2 0 1964 Pan American Petrolem Gerperation UnionAl Signed Emery C. Arnold OIL CONSERVATION COMMISSION By: (Signature) (Signature) Title Administrative Clerk Send Communications regarding well to: | epy Devi | ation S | urvey is | attached, | | | 1 | - 1 |
| I hereby certify that the information given above is true and complete to the best of my knowledge pproved. MAY 2 0 1964 Pan American Petroleum Gerperation UNGINAL SIGNE Original Signed Emery C. Arnold y: Original Signed Emery C. Arnold Title Administrative Clerk Send Communications regarding well to: | •••••• | ••••••• | ······································ | •••••• | | | • | |
| OIL CONSERVATION COMMISSION OIL CONSERVATION COMMISSION By: (Signature) Administrative Clerk Send Communications regarding well to: | I hereb | v certify ti | hat the info | ormation given above | s true and complete to th | e best of my kn | _ | - |
| (Signature) By: Original Signed Emery C. Arnold Title Administrative Clerk Send Communications regarding well to: | pproved | MAY 2 0 | 1964 | | Pan American Original | Petrolem d | | |
| Send Communications regarding well to: | OII | L CONSE | RVATION | COMMISSION | Ву: | | ure) | |
| Send Communications regarding well to: | v: Orisi | nal Sign | ed Emer | ry C. Arnold | Title Administ: | rative Cler | | |
| itle Supervisor Dist. # 3 Name Pan American Petroleum Corporation | | | | | Send C | ommunications | regarding well to | o: |
| | itle Supe | rvisor Dist | . #.3 | | Name. Pan And | rican Petro | Leun Corpore | 310 <u>8</u> |

TABULATION OF DEVIATION TESTS PAN AMERICAN PETROLEUM CORPORATION

FEDERAL GAS UNIT D WELL NO. 1

| DEPTH | | DEVIATION |
|-------------------------|---|-----------|
| 3601 | | 3/40 |
| 637' 900' | | 1/29 |
| 20771 | | 1/20 |
| 2765' 309 8 ' | | 1/20 |
| 34701 | | 1/20 |
| 44651 | | 1/2° |
| 53401 | | 3/4 |
| 56561 | | 1 |
| 6273 | 1 | 1 • |

AFFIDAVIT

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on PAN AMERICAN PETROLEUM CORPORATION'S Federal Cas Unit D Well No. 1, Basin Daketa Field, legated in the NW/4 NW/4 of Section 30, T-30-N, R-12-W, San Juan County, New Mexico.

Signed Petroleum Engineer

THE STATE OF NEW MEXICO)

COUNTY OF SAN JUAN

BEFORE ME, the undersigned authority, on this day personally appeared known to me to be retroleum Engineer for Pan American Petroleum Corporation and to be the

person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts

stated herein and that said statement is true and correct.

Notary Publics

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