

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. SP 078139	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		8. FIRM OR LEASE NAME E. E. Elliott "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1450' FSL & 1705' FWL, Unit "K" At top prod. interval reported below 1760 Same At total depth Same		9. WELL NO. 11	
14. PERMIT NO.		DATE ISSUED NOV 4 1968	
15. DATE SPUDDED 9-27-68		16. DATE T.D. REACHED 10-1-68	
17. DATE COMPL. (Ready to prod.) 10-16-68		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* GL 5812', RDB 5825'	
19. ELEV. CASINGHEAD 5812'		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs	
20. TOTAL DEPTH, MD & TVD 2627'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4 SW/4 Section 26 T-30-N, R-9-W	
21. PLUG, BACK T.D., MD & TVD BPD 2587'		12. COUNTY OR PARISH San Juan	
22. IF MULTIPLE COMPL., HOW MANY* -		13. STATE New Mexico	
23. INTERVALS DRILLED BY 0-TD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2523-38, Pictured Cliffs	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Correlation Log	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 2523-38 x 2 SPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 2523-38' Frac x 8400 gal. water & 12,500# 10-20 sand. Flush with 1000 gal. water. Frac with 21,600 gal. water & 31,000# 10-20 sand & 14,500# 8-12 sand.	
33.* DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 10-23-68		HOURS TESTED 3	
CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD 1881 (AOF 2099)	
CASING PRESSURE 158 psig		CALCULATED 24-HOUR RATE Flow 144 psig	
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold to El Paso Natural Gas Co.		TEST WITNESSED BY	
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 November 1, 1968

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

INSTRUCTIONS

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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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 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 and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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 the 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 attached 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 interval, 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, adequate for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing.

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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
Pictured Cliffs	2523'	2538'	Natural Gas	Pictured Cliffs	2523'