

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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						5. LEASE DESIGNATION AND SERIAL NO.	
PAN AMERICAN PETROLEUM CORPORATION						NM-048575	
3. ADDRESS OF OPERATOR						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
P. O. Box 480, Farmington, New Mexico						7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						8. FARM OR LEASE NAME	
At surface 1650 FSL and 990 FwL Section 30, T-30-N, R-12-W						Federal Gas Unit "Y"	
At top prod. interval reported below						9. WELL NO.	
At total depth Same						1	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED						12. COUNTY OR PARISH	
4-30-64						San Juan	
16. DATE T.D. REACHED						13. STATE	
5-8-64						N. Mex.	
17. DATE COMPL. (Ready to prod.)						18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*	
5-26-64						5634 (RDB)	
19. ELEV. CASINGHEAD						20. TOTAL DEPTH, MD & TVD	
6394						6394	
21. PLUG, BACK T.D., MD & TVD						22. IF MULTIPLE COMPL., HOW MANY*	
6359						23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						ROTARY TOOLS	
6209-6282 Graneros Dakota						0-6404	
6282-6330 Main Dakota						CABLE TOOLS	
25. WAS DIRECTIONAL SURVEY MADE						26. TYPE ELECTRIC AND OTHER LOGS RUN	
No						Induction Electric & Gamma Ray Sonic	
27. WAS WELL CORED						28. CASING RECORD (Report all strings set in well)	
No						Casing Size	
29. LINER RECORD						Hole Size	
30. TUBING RECORD						Cementing Record	
31. PERFORATION RECORD (Interval, size and number)						Amount Pulled	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						None	
6287-98, 6304-12 with 2 shots per foot						None	
6213-32 with 3 shots per foot						None	
33.* PRODUCTION						34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION						To be sold to El Paso Natural Gas Co.	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						35. LIST OF ATTACHMENTS	
Flow						None	
WELL STATUS (Producing or shut-in)						36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
Shut In						SIGNED	
DATE OF TEST						F. L. Nabors	
HOURS TESTED						TITLE	
3						District Engineer	
CHOKE SIZE						DATE	
3/4						May 28, 1964	
PROD'N. FOR TEST PERIOD							
OIL—BBL.							
GAS—MCF.							
WATER—BBL.							
GAS-OIL RATIO							
FLOW. TUBING PRESS.							
CASING PRESSURE							
CALCULATED 24-HOUR RATE							
OIL—BBL.							
GAS—MCF.							
WATER—BBL.							
GRAVITY-API (CORR.)							
400							
775							
5000							

* (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 a State 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 of copies to be 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 local Federal 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, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments 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 local State or 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 attachments. **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 the producing 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, adequately identified, 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 tool.

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	TOP	TRUE VERT. DEPTH
Sand & Shale	0	1485					
Flinted Cliffs	1485	1866					
Lower Shale	1866	3060					
Marls	3060	4440					
Marls Shale	4440	5352					
Clay	5352	5676					
Base Clay	5676	6104					
Greenhorn	6104	6160					
Graneros Shale	6160	6209					
Graneros Dakota	6209	6282					
Main Dakota	6282	6394					