

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions 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 <u>DRY</u>							
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☒	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐					
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION						5 1968						
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240						C. C.						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1980 FNL * 1980 FEL Sec. 9 (Unit G. SW/4 NE/4)</u> At top prod. interval reported below At total depth						OFFICE						
14. PERMIT NO.			DATE ISSUED									
15. DATE STUDDED <u>1-3-68</u>		16. DATE T.D. REACHED <u>1-27-68</u>		17. DATE COMPL. (Ready to prod.) <u>2-1-68</u>		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <u>3547 RD B</u>		19. ELEV. CASINGHEAD —				
20. TOTAL DEPTH, MD & TVD <u>6112'</u>		21. PLUG, BACK T.D., MD & TVD <u>5665</u>		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY —		24. ROTARY TOOLS <u>5700-6112</u>				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE? <u>No</u>						
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Gamma Ray Neutron</u>						27. WAS WELL COILED <u>No</u>						
28. CASING RECORD (Report all strings set in well)												
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED		
<u>See Original Records</u>												
29. LINER RECORD						30. TUBING RECORD						
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)				
31. PERFORATION RECORD (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						
						DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED				
						<u>5700-5750</u>		<u>3000 gal 15% } SQ3 w/</u>				
						<u>5700-5984</u>		<u>5000 " " }</u>				
						<u>5700-6047</u>		<u>7000 " " }</u>				
						<u>5700-6112</u>		<u>10,000 " " }</u>				
33. PRODUCTION												
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		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.		API (PER.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITH		
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		TITLE				AREA SUPERINTENDENT		DATE				
								<u>3-19-68</u>				

043-USGS-ART
1-N310
1-W7
1-RRY

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

INSTRUCTIONS