

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 ☐		11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA 6-20-31 NEPM	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		12. COUNTY OR PARISH Eddy	
2. NAME OF OPERATOR Pan American Petroleum Corporation		13. STATE New Mexico	
3. ADDRESS OF OPERATOR Box 68 - Hobbs, New Mexico - 88240		14. PERMIT NO. _____ DATE ISSUED _____	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL X 660' FEL, Sec. 6, (Unit P, SE/4 SE/4) At top prod. interval reported below _____ At total depth _____		15. DATE SPUNDED 1-12-64 16. DATE T.D. REACHED 4-22-64 17. DATE COMPL. (Ready to prod.) 5-11-64 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3643' RKB 19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 13,091' 21. PLUG, BACK T.D., MD & TVD 11,500' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY D-13,091' 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 11,334'-54' Strawn 25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Bonic Log-Gamma Ray, Laterlog, Dual Induction-Laterlog 27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)
20"		94#	366
13-3/8"		48-54.5#	2149
9-5/8"		36-40#	4574
5-1/2"		17-20#	12,550
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
2			
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
12,395-405 W/4 JSPT		DEPTH INTERVAL (MD)	
11,334'-54 W/2 JSPT		AMOUNT AND KIND OF MATERIAL USED	
		1500 gal MCA	
		Set GI BP at 11,500'	
		2000 gal acid	
33. PRODUCTION			
DATE FIRST PRODUCTION 5-1-64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 5-11-64	HOURS TESTED 24	CHOKER SIZE 2 1/2" 64"	PROD'N. FOR TEST PERIOD 115
FLOW. TUBING PRESS. 225	CASING PRESSURE Per	CALCULATED 24-HOUR RATE 297	WATER—BBL. 25
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY D. C. Pourifoy, Jr.	
35. LIST OF ATTACHMENTS None			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
Original Signed by: V. A. STALEY TITLE Area Superintendent DATE 5-19-64			

*(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	TRUE VERT. DEPTH
Capitan	2422	4062	Lost Circulation Zone.	Anhydrite		425
Strawn	11,334	11,334	Oil & Gas productive zone	Salt		568
				Yates		2108
				Capitan		2390
				Delaware Sand		4062
				Bone Springs		6856
				" " Sand #1		8145
				" " " #2		8797
				" " " #3		9775
				Wolfcamp		10,210
				Strawn		11,120
				Atoka		11,533
				Morrow		11,797
				Bennett		12,705
				Miss		13,084