

| | | | | | | | | | | | | | | | | | | | |
|--|----------------------|---------------------------|--|---|------------------------|----------|--|-------------|--|-------------|-----|------------------|--|----------|--|---|--|--|--|
| <div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td>PRORATION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table> | | SANTA FE | | FILE | | U.S.G.S. | | LAND OFFICE | | TRANSPORTER | OIL | PRORATION OFFICE | | OPERATOR | | <div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div> | | <div>FORM C-110</div> <div>(Rev. 7-60)</div> | |
| SANTA FE | | | | | | | | | | | | | | | | | | | |
| FILE | | | | | | | | | | | | | | | | | | | |
| U.S.G.S. | | | | | | | | | | | | | | | | | | | |
| LAND OFFICE | | | | | | | | | | | | | | | | | | | |
| TRANSPORTER | OIL | | | | | | | | | | | | | | | | | | |
| PRORATION OFFICE | | | | | | | | | | | | | | | | | | | |
| OPERATOR | | | | | | | | | | | | | | | | | | | |
| FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE | | | | | | | | | | | | | | | | | | | |
| Company or Operator Pan American Petroleum Corporation | | | Lease USC Section 19 | | Well No. 14 | | | | | | | | | | | | | | |
| Unit Letter G | Section 19 | Township T-29-N | Range R-16-W | County San Juan | | | | | | | | | | | | | | | |
| Pool Hogback-Dakota | | | | Kind of Lease (State, Fed, Fee) Federal | | | | | | | | | | | | | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter J | Section 19 | Township T-29-N | Range R-16-W | | | | | | | | | | | | | | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Platam, Inc. | | | Address (give address to which approved copy of this form is to be sent) Box 567, Bloomfield, New Mexico | | | | | | | | | | | | | | | | |
| Is Gas Actually Connected? Yes _____ No _____ | | | | | | | | | | | | | | | | | | | |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> | | Date Connected | Address (give address to which approved copy of this form is to be sent) | | | | | | | | | | | | | | | | |
| If gas is not being sold, give reasons and also explain its present disposition: | | | | | | | | | | | | | | | | | | | |
| <div>REASON(S) FOR FILING (please check proper box)</div> <div><div>New Well <input type="checkbox"/></div><div>Change in Transporter (check one)<div><div>Oil <input checked="" type="checkbox"/></div><div>Dry Gas <input type="checkbox"/></div><div>Casing head gas . <input type="checkbox"/></div><div>Condensate.. <input type="checkbox"/></div></div></div><div>Change in Ownership <input type="checkbox"/></div><div>Other (explain below)</div></div> | | | | | | | | | | | | | | | | | | | |
| <div>RECEIVED</div> <div>JUL 14 1961</div> <div>OIL CON. COM.</div> <div>DIST. 3</div> | | | | | | | | | | | | | | | | | | | |
| Remarks This is to report a temporary change in transporter from Four Corners Pipeline Company to Platam, Inc. for the period 7:00 A.M. July 16, 1961, to 7:00 A.M. October 1, 1961. | | | | | | | | | | | | | | | | | | | |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. | | | | | | | | | | | | | | | | | | | |
| Executed this the <u>14th</u> day of <u>July</u> , 19 <u>61</u> | | | | | | | | | | | | | | | | | | | |
| OIL CONSERVATION COMMISSION | | | By A. R. TURNER | | | | | | | | | | | | | | | | |
| Approved by Original Signed Emery C. Arnold | | | Title Administrative Clerk | | | | | | | | | | | | | | | | |
| Title Supervisor Dist. # 3 | | | Company Pan American Petroleum Corporation | | | | | | | | | | | | | | | | |
| Date JUL 14 1961 | | | Address Box 480, Farmington, New Mexico Attn: L. O. Speer, Jr. | | | | | | | | | | | | | | | | |

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USC Section 19

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 19,

T-29N, R-16W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2050' PNL & 1910' FEL, Section 19, T-29N, R-16W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5033' GL, 5045' RDB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

| |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We plan to stimulate the subject well with 5,000 gallons oil and 5,000 pounds 10-20 sand.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Petroleum Engineer

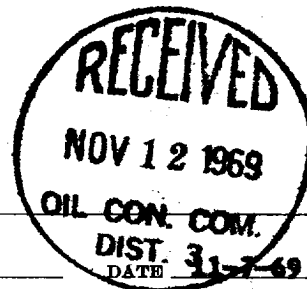
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | | | | | | | | | | | | |
|--|--|--|---|---|--|---|-----------------------------------|--------------------------------------|---------------------------------------|-------------------------|-------------------------------------|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58 | | | | | | | | | | |
| 2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal | | | | | | | | | | |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401 | | 7. UNIT AGREEMENT NAME | | | | | | | | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2030' FWL & 1910' FWL, Section 19, T-29N, R-16W | | 8. FARM OR LEASE NAME USC Section 19 | | | | | | | | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5033' GL, 5045' RDB | 9. WELL NO. 14 | | | | | | | | | | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | 10. FIELD AND POOL, OR WILDCAT Hogback Dakota | | | | | | | | | | |
| <p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) Workover</td> <td><input checked="" type="checkbox"/></td> </tr> </table> | | TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Workover | <input checked="" type="checkbox"/> | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 19, T-29-N, R-16-W |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | | | | | | | | | | | |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | | | | | | | | | | | |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | | | | | | | | | | | |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | | | | | | | | | | | |
| (Other) Workover | <input checked="" type="checkbox"/> | | | | | | | | | | | |
| | | 12. COUNTY OR PARISH San Juan | | | | | | | | | | |
| | | 13. STATE N. Mex. | | | | | | | | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 11-28-69 we broke down with 50 barrels oil containing 50 lbs. Adomite Mark II and fraced the subject well with 5,040 gallons oil containing 50 lbs. Adomite Mark II per 1000 gallons and 5,000 lbs. 10-20 sand. Breakdown pressure was 1400 psi. Treating pressure 1100-1100-1600 psi and AIR 30 MPH. After the frac, the well tested 32 BW and 632 BW in 24 hours. Before the frac the test rate was 18 BW and 57 BW in 24 hours.

In an attempt to eliminate the water coning problem at this well, we plan to workover the well in the Main Dakota zone in the following manner:

1. Drill out to 720'.
2. Perforate 705-15' with 2 SPF.
3. Set a Baker Model "D" packer at 700'.
4. Produce equivalent volumes of fluid from the present perfs at 672-84' and from the perfs 705-15' to attempt to equalize the drawdown across the Main Dakota zone and eliminate water coning.

18. I hereby certify that the foregoing is true and correct

Original Signed By, **S. W. EATON, JR.** TITLE **Area Engineer** DATE **April 20, 1970**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APR 22 1970**

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USG Section 19

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 19

T-29-N, R-16-W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2050' FML & 1910' FEL, Section 19, T-29-N, R-16-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5033' GL, 5045' RDS

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

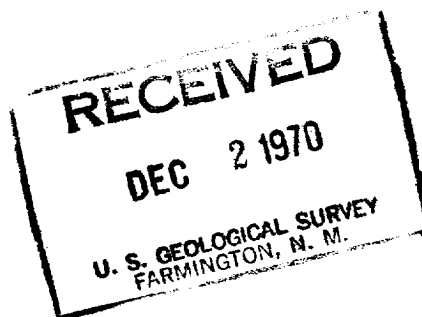
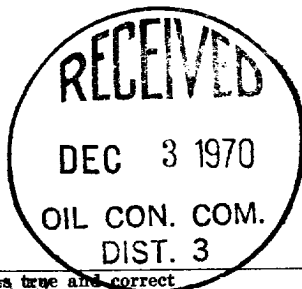
Workover

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an attempt to eliminate water coning, we performed the following work:

1. Drilled cement to 720'.
2. Perforated 701-711' with 2 SPV.
3. Set a Baker Model "D" packer at 690' and landed 2-7/8" tubing in the packer.
4. Flow tested the casing (zone 672-84') and tubing (zone 701-711') at varying rate but all attempts to prevent water coning failed. Before the workover production was 42 BOPD and 897 BWPD and after the workover it was 24 BOPD and 456 BWPD.



18. I hereby certify that the foregoing is true and correct

SIGNED

E. A. VANDERKAM

TITLE

Area Engineer

DATE

11-30-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: