

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY
 HOBBS OFFICE D. C. C.

SUBMIT IN DUPLICATE

Form approved. Budget Bureau No. 42-R355.5

LEASE DESIGNATION AND SERIAL NO.

LC-069944

IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Dec 6 10 53 AM '66

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

2. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

3. NAME OF OPERATOR: PAN AMERICAN PETROLEUM CORPORATION

4. ADDRESS OF OPERATOR: Box 68, Hobbs N. M. 88240

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
 At surface: 660 FSL x 1984.9 FWL, Sec. 5 (UNIT N, SE 1/4 SW 1/4)
 At top prod. interval reported below
 At total depth

7. UNIT AGREEMENT NAME: LITTLE EDDY UNIT
 8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT: WILDCAT

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

12. COUNTY OR PARISH: LEA
 13. STATE: NM

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPudded: 2-10-66
 16. DATE T.D. REACHED: 5-29-66
 17. DATE COMPL. (Ready to prod.):
 18. ELEVATIONS (DF, RKB, RT, GR, ETC.): 3565' RDB

19. ELEV. CASINGHEAD: -

20. TOTAL DEPTH, MD & TVD: 14895
 21. PLUG, BACK T.D., MD & TVD: Surface
 22. IF MULTIPLE COMPL., HOW MANY*
 23. INTERVALS DRILLED BY: -> 0-TD
 24. ROTARY TOOLS: -
 25. CABLE TOOLS: -

26. CEMENTING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: None

25. WAS DIRECTIONAL SURVEY MADE: No

29. TYPE ELECTRIC AND OTHER LOGS RUN: 256R, TIL, CAL, ML

27. WAS WELL CORED: No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"	94-133#	1180	26"	2300 Sx. Circ	
13 3/8"	48-72#	2929	17 1/2"	2500 Sx. Circ	
9 3/8"	36-40#	5536	12 1/4"	1650 Sx.	1903'
5 1/2"	17-20#	14608	8 3/4"	500 Sx.	5538'

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1184-11464 w/2SPF (CIBP@11800-11464)		1184-11464	5000 gal acid frac 39000 oil, 132500 sand
(1184-88, 92-96, 216-24, 41-48, 370-76, 456-4)			2250 # beads
9136-46; 78-88 w/2SPF CCEAPE		9136-88	5000 gal acid, 20000 gal lime, 2500 sand, 2500 beads

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

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

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 Foreman DATE: 11-22-66

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

0-3-66-5-1
 1-1-66-5-1
 1-1-66-5-1
 1-1-66-5-1

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				Bone Spgs	7460		
				walcamp	10882		
				Stidman	11750		
				A-tota	12202		
				Monnow	12550		
				Miss. Sil	13958		
				Woodford	14484		
				Devonian	14582		