

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 _____		5. LEASE DESIGNATION AND SERIAL NO. N.M. 0145685	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Pan American Petroleum Corp.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 68, Hobbs, N. M. 88240		8. FARM OR LEASE NAME USA RUSSELL E HORTON	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FSL x 330' FWL, Sec. 29 (Unit M, SW/4 SW/4) At top prod. interval reported below At total depth		9. WELL NO. 31	
14. PERMIT NO.		DATE ISSUED 29-8-35 N.M.P.M.	
15. DATE SPOOLED 3-28-65	16. DATE T.D. REACHED 4-6-65	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4222' RDB
20. TOTAL DEPTH, MD & TVD 4714'	21. PLUG, BACK T.D., MD & TVD 4700'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY 0-TD
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron Log			27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	412	12 1/4"
4 1/2"	9.5#	4714	7 7/8"
		CEMENTING RECORD	
		225	
		250	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
4696-4700 w/2SPF			
4690-4710 w/2SPF (squeezed)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4696-4700		800 gal acid	
4690-4710		750 gal acid - Squeezed w/2005X	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
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			
Original Signed By			
SIGNED O. R. WILLIAMS, JR. TITLE Area Foreman DATE 5-6-65			

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

043-5545
1-440
1-40
1-403
1-404

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 DEPTH INTERVAL TESTED,		38. GEOLOGIC MARKERS	
FORMATION	TO BOTTOM	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
San Carlos	4690 4710	Amby San Carlos	2167 3935
Water bearing zone			