

UNITED STATES

SUBMIT IN DUPLICATE

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

NMOCC - ARTESIA

DEPARTMENT OF THE INTERIOR

NMOCC - HOBBS

BLM - SANTA FE

☒ GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

HOBBS

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. ESSVR. ☐ Other _____

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

1980 FNL x 1980 FEL, Sec. 9 (Unit G, SW/4NE/4)

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-4-67

16. DATE T.D. REACHED

2-11-67

17. DATE COMPL. (Ready to prod.)

2-14-67

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

4104' R.D.B.

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3450

21. PLUG, BACK T.D., MD & TVD

3402

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL
SURVEY MADE

3365'-85' San Andres

26. TYPE ELECTRIC AND OTHER LOGS RUN

Density, Laterolog & Microlaterolog

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24"	460'	11"	300 04	
4 1/2"	9.5"	3450'	7 7/8"	800 04	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER NET (MD)
2 3/8"		

31. PERFORATION RECORD (Interval, size and number)

3365'-85' w/25PF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3365-85	9000 gal 28%

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
2-14-67		Swab					Producing	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
2-17-67	24	—	→	110	33	120 BBL	304	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
—	—	→				26°		
34. DISPOSITION OF GAS (Hold used for fuel, vented, etc.)								

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vent

TEST WITNESSED BY

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

SIGNED

TITLE

SUPERINTENDENT

DATE

2-22-67

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

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO2-8-UGAS-ROB
1-NSW
1-WF
1-RW

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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
NAME	THICKNESS	MEAS. DEPTH	TRUE VERT. DEPTH	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Sanford	3365	3385	Oil & Gas Prod. Zone	Any	1660	
				Yates	2424	
				BA	3686	
				Glor	5119	
				Dred	6522	
				Abo	7289	
				Wooly Camp	8453	
				Boulogne	9005	
				Cisco	9078	
				Canyon	9462	
				A Brown	10000	