

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions 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 _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESRV. ☐ **RECEIVED**

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

660' FNL x 660' FWL Sec. 21 (UNIT D. NW 1/4 NW 1/4)

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 12-16-68 16. DATE T.D. REACHED 12-22-68 17. DATE COMPL. (Ready to prod.) 12-29-68 18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 4222' R.D.B. 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 3857' 21. PLUG, BACK T.D., MD & TVD 3810' 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)* 3726'-52', 60'-70' SAN ANDRES

26. TYPE ELECTRIC AND OTHER LOGS RUN

SONIC-GR

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#	298'	11"	250 SX.	
4 1/2"	9.5#	3857'	7 7/8"	350 SX.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	3772'	

31. PERFORATION RECORD (Interval, size and number)

3814'-18', 28'-32' W/2JSPF

3726'-52', 60'-70' W/2JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3814-32	ACID-500 gal 15%
	4000" 20%
3726-70	ACID-3000" 15%

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
1-6-69		Pump					PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
1-18-68	24	-	→	10	NA	70	NA	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	-	→				26.4°		

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

AREA SUPERINTENDENT

DATE

JAN 21 1969

04 3- USGS-ART
1- NSW
1- W.F.
1- R12U

*(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 23, 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 production 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 identifying 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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	3726'	3770'	Gas & Oil Prod. Zone.	YATES	1844	
				SAN ANDRES	3012	

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-41424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-048610-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GONZALES FEDERAL

9. WELL NO.

1

10. FIELD AND POOL NAME
SITE SAN ANDRES - EXT
UNDESIGNATED - SAN ANDRES

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

21-8-31 NMPM

12. COUNTY OR PARISH 13. STATE

CHAVES N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL x 660' FWL Sec. 21 (Unit D, NW 1/4 NW 1/4)

14. PERMIT NO.

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

4227' R.D.B.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) completion ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

On 12-23-68, 4 1/2" OD 9.5" J-55 casing was set @ 3857' w/350 sq. Incon meat. Tested casing w/ 1500 psi for 30 min. Test O.K. After MOC 3 days, perforated intervals 3814-18, 28-32 w/2JSPF. Acid w/ 500 gal 15% and 4000 gal 20%. Evaluated. No commercial. Set CI Rammer @ 3810 and 292 pps w/ 38 sq. Perforated 3726-52, 60-70 w/2JSPF. Acidized w/ 3000 gal 15%. Evaluated.

PT- Pmp 10 BOX 70BW. 24 hrs. GOR. Cgr. 26.4°

REC'D
JAN 24 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

TD-3857'
PDB-3810'Comp. 1-18-69
FNO-1-6-69

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

1-21-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4 USGS
1 NSW
1 SUSP
1 RRY

APPROVED
JAN 21 1969
R. L. BECKMA

*See Instructions on Reverse Side

RECEIVED

JAN 27 1969

O. C. C.

