

NAME OF COMPANY RECEIVING
 DISTRIBUTION
 NAME
 ADDRESS
 CITY AND STATE
 TELEPHONE

NEW MEXICO OIL CONSERVATION COMMISSION
 WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Form O-135
 Revised 1-1-66
 1. State ☒ New Mexico ☐ Other
 2. Well No. **E-7990**

3. Type of Well
 OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ☐
 4. Type of Completion
 NEW ☐ REPAIR ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. PRES. ☐ OTHER ☐

PAN AMERICAN PETROLEUM CORPORATION

5. Name of Operator
 DOX CO, HOBBBS, N. M. 88240

6. Unit Agreement Name
 7. Name of Lessee
 CITGO State
 8. Well No.
 3
 9. Field and Pool, or Wildcat
 WILDCAT

10. Section **C** LOCATED **660** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM

WEST LINE OF SEC. **8** TWP. **10-S** RGE. **34-E** NMPM

11. Date T.D. Hoisted **12-18-66** 12. Date Compl. (Ready to Prod.) **1-21-67** 13. Elevations (DP, RRB, RT, GR, etc.) **4071' RDB** 14. Elev. Casinghead **-**

15. Plus Pack T.D. **9200'** 16. SURFACE 17. Multiple Compl. How Many **0-10** 18. Intervals Cased By **O-TD** 19. Rotary Tools Cable Tools **-**

20. Primary Interval, of this completion - Top, Bottom, Name **None** 21. Was Directional Survey Made **No**

22. Log or Logs (Attach Log or Logs) **Geology - micro laterology - Sonic Logging**

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	35.6 #	318	17 1/2"	450 Sx. CWC	None
8 7/8"	24-32 #	3262	11"	250 Sx.	1328'
			7 7/8"		

30. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

32. PRODUCTION
 33. First Production
 Production Method (Flowing, gas lift, pumping - size and type pump)
 Well Status (Prod. or Shut-in)
 34. Test
 Hours Test
 Choke Size
 Pres'n. Per Test Period
 Oil - Bbl.
 Gas - MCF
 Water - Bbl.
 Gas - Oil Ratio
 Flow Test Pressure
 Casing Pressure
 Calculated 24-Hour Rate
 Oil - Bbl.
 Gas - MCF
 Water - Bbl.
 Oil Gravity - API (Corr.)
 35. Disposition of Gas (Sold, used for fuel, vented, etc.)
 Test Witnessed By

36. List of Attachments

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

37. Signature
 38. Title
 39. Date **8-11-67**

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 30 days after the completion of any newly-drilled or deepened well. It must be accompanied by one copy of all electrical and radio-activity logs run in the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 31 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state lands, where six copies are required. See Rule 1415.

AUG 11 1 33 PM '67

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Arby _____ 1735	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "E" _____
T. Salt _____ 1200	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
L. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Permian _____ 4300	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grapburg _____ 4500	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. Grapburg _____ 4600	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. San Andres _____ 5150	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Glorietta _____ 6731	T. Ellenburger _____	T. Dakota _____	T. _____
T. Padlock _____	T. Co. Wash _____	T. Morrison _____	T. _____
T. Hinchey _____	T. Granite _____	T. Todilto _____	T. _____
T. Tubb _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Alb _____ 6900	T. _____	T. Chinle _____	T. _____
T. Wolfcamp _____	T. _____	T. Permian _____	T. _____
T. Penn _____	T. _____	T. Penn. "A" _____	T. _____
T. Cimco (Hough C) _____	T. _____		

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	35	35	Caliche	0	35	35	Caliche
35	170	135	sand	35	170	135	sand
170	318	148	Red Bed	170	318	148	Red Bed
318	1715	1397	Arby, Red Bed, Lys	318	1715	1397	Arby, Red Bed, Lys
1715	1895	180	Red Bed Arby	1715	1895	180	Red Bed Arby
1895	3250	1355	Arby, Salt	1895	3250	1355	Arby, Salt
3250	3262	12	Arby, Lime	3250	3262	12	Arby, Lime
3262	3360	98	Dolo	3262	3360	98	Dolo
3360	4271	911	Sandy, Lime	3360	4271	911	Sandy, Lime
4271	4369	598	Lime	4271	4369	598	Lime
4369	4935	66	Dolo	4369	4935	66	Dolo
4935	5258	323	Lime, Sand	4935	5258	323	Lime, Sand
5258	5331	73	Lime	5258	5331	73	Lime
5331	6356	1025	Lime, Dolo	5331	6356	1025	Lime, Dolo
6356	6830	474	Lime	6356	6830	474	Lime
6830	6919	89	Lime, Sand	6830	6919	89	Lime, Sand
6919	7243	324	Lime, Chert	6919	7243	324	Lime, Chert
7243	8040	797	Lime, Chert	7243	8040	797	Lime, Chert
8040	8361	321	" " , Shale	8040	8361	321	" " , Shale
8361	8701	340	Dolo	8361	8701	340	Dolo
8701	9140	439	Dolo, Chert	8701	9140	439	Dolo, Chert
9140	9200	60	Lime	9140	9200	60	Lime

The foregoing are correct to the best of my knowledge.

AREA SUPERINTENDENT
Signed to this date 8/22/67

State Public Information
Re: C. D. M.
My Commission expires
6-13-68