

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
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| 1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____                                                                                             |  |                               |  |                                                                                        |  |                              |  |                      |  | 7. UNIT AGREEMENT NAME<br><b>South Mattix Unit</b>                                                                                                      |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____          |  |                               |  |                                                                                        |  |                              |  |                      |  | 8. FARM OR LEASE NAME                                                                                                                                   |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 2. NAME OF OPERATOR<br><b>Pan American Petroleum Corporation</b>                                                                                                                                                                      |  |                               |  |                                                                                        |  |                              |  |                      |  | 9. WELL NO.<br><b>16</b>                                                                                                                                |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 3. ADDRESS OF OPERATOR<br><b>Box 68 - Hobbs, New Mexico</b>                                                                                                                                                                           |  |                               |  |                                                                                        |  |                              |  |                      |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Undesignated-Paddock (Gas)</b>                                                                                     |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface <b>990' PSL X 1648.43' PSL, Sec. 15, (Unit 0, SW 1/4 SE 1/4)</b><br>At top prod. interval reported below<br>At total depth |  |                               |  |                                                                                        |  |                              |  |                      |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br><b>15-24-37 NMPM</b>                                                                               |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 14. PERMIT NO.                                                                                                                                                                                                                        |  |                               |  |                                                                                        |  |                              |  |                      |  | DATE ISSUED                                                                                                                                             |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 15. DATE SPUDDED                                                                                                                                                                                                                      |  |                               |  |                                                                                        |  |                              |  |                      |  | 16. DATE T.D. REACHED                                                                                                                                   |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 17. DATE COMPL. (Ready to prod.)                                                                                                                                                                                                      |  |                               |  |                                                                                        |  |                              |  |                      |  | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*                                                                                                                 |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 19. ELEV. CASINGHEAD                                                                                                                                                                                                                  |  |                               |  |                                                                                        |  |                              |  |                      |  | 20. TOTAL DEPTH, MD & TVD                                                                                                                               |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 21. PLUG, BACK T.D., MD & TVD                                                                                                                                                                                                         |  |                               |  |                                                                                        |  |                              |  |                      |  | 22. IF MULTIPLE COMPL., HOW MANY* <b>(3)</b>                                                                                                            |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 23. INTERVALS DRILLED BY                                                                                                                                                                                                              |  |                               |  |                                                                                        |  |                              |  |                      |  | ROTARY TOOLS                                                                                                                                            |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br><b>5160'-80' Lower Paddock</b>                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  | 25. WAS DIRECTIONAL SURVEY MADE                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                                                                                                                                  |  |                               |  |                                                                                        |  |                              |  |                      |  | 27. WAS WELL CORED                                                                                                                                      |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                    |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| CASING SIZE                                                                                                                                                                                                                           |  |                               |  | WEIGHT, LB./FT.                                                                        |  |                              |  | DEPTH SET (MD)       |  |                                                                                                                                                         |  | HOLE SIZE                         |  |                                                      |  | CEMENTING RECORD |  |  |  | AMOUNT PULLED     |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 29. LINER RECORD                                                                                                                                                                                                                      |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  | 30. TUBING RECORD |  |  |  |  |  |  |  |  |  |
| SIZE                                                                                                                                                                                                                                  |  | TOP (MD)                      |  | BOTTOM (MD)                                                                            |  | SACKS CEMENT*                |  | SCREEN (MD)          |  | SIZE                                                                                                                                                    |  | DEPTH SET (MD)                    |  | PACKER SET (MD)                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  | <b>2" OD</b>                                                                                                                                            |  | <b>4750-2'</b><br><b>5.13-11'</b> |  | <b>9334</b>                                          |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 31. PERFORATION RECORD (Interval, size and number)<br><b>5160-80' 1 1/2 SPH</b>                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL (MD)<br><b>5160-80</b><br>AMOUNT AND KIND OF MATERIAL USED<br><b>2500 gallons acid</b> |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 33. PRODUCTION                                                                                                                                                                                                                        |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| DATE FIRST PRODUCTION<br><b>12-3-63</b>                                                                                                                                                                                               |  |                               |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br><b>Flowing</b> |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  | WELL STATUS (Producing or shut-in)<br><b>Shut-In</b> |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| DATE OF TEST<br><b>2-1-64</b>                                                                                                                                                                                                         |  | HOURS TESTED<br><b>24</b>     |  | CHOKE SIZE<br><b>14/64</b>                                                             |  | PROD'N. FOR TEST PERIOD<br>→ |  | OIL—BBL.<br><b>0</b> |  | GAS—MCF.<br><b>914</b>                                                                                                                                  |  | WATER—BBL.<br><b>0</b>            |  | GAS-OIL RATIO                                        |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| FLOW. TUBING PRESS.<br><b>800</b>                                                                                                                                                                                                     |  | CASING PRESSURE<br><b>Flt</b> |  | CALCULATED 24-HOUR RATE<br>→                                                           |  | OIL—BBL.                     |  | GAS—MCF.             |  | WATER—BBL.                                                                                                                                              |  | OIL GRAVITY-API (CORR.)           |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br><b>To be sold to El Paso Natural Gas Co.</b>                                                                                                                            |  |                               |  |                                                                                        |  |                              |  |                      |  | TEST WITNESSED BY<br><b>J. T. Crawford</b>                                                                                                              |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 35. LIST OF ATTACHMENTS<br><b>None</b>                                                                                                                                                                                                |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                                                                     |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| Original Signed By:<br><b>V. E. STALEY</b>                                                                                                                                                                                            |  |                               |  |                                                                                        |  |                              |  |                      |  |                                                                                                                                                         |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
| SIGNED                                                                                                                                                                                                                                |  |                               |  |                                                                                        |  |                              |  |                      |  | TITLE <b>Area Superintendent</b>                                                                                                                        |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                       |  |                               |  |                                                                                        |  |                              |  |                      |  | DATE <b>2-5-64</b>                                                                                                                                      |  |                                   |  |                                                      |  |                  |  |  |  |                   |  |  |  |  |  |  |  |  |  |

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

**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 office 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.), formations, 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 2:** 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 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) only the interval reported in item 33. Submit a separate report (page) on this form, separately identified, for each additional interval to be separately produced, showing any additional data pertinent to such interval.

**Item 29:** "Swack Churn": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. 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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES | 38. GEOLOGIC MARKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |
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|                                                                                                                                                                                                                                    | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MEAS. DEPTH<br>TRUE VERT. DEPTH |
| <p>(c)</p>                                                                                                                                                                                                                         | <p>Box 68 - Maple, New London</p> <p>4-10; 4-11; 4-12; 4-13; 4-14; 4-15; 4-16; 4-17; 4-18; 4-19; 4-20; 4-21; 4-22; 4-23; 4-24; 4-25; 4-26; 4-27; 4-28; 4-29; 4-30; 4-31; 4-32; 4-33; 4-34; 4-35; 4-36; 4-37; 4-38; 4-39; 4-40; 4-41; 4-42; 4-43; 4-44; 4-45; 4-46; 4-47; 4-48; 4-49; 4-50; 4-51; 4-52; 4-53; 4-54; 4-55; 4-56; 4-57; 4-58; 4-59; 4-60; 4-61; 4-62; 4-63; 4-64; 4-65; 4-66; 4-67; 4-68; 4-69; 4-70; 4-71; 4-72; 4-73; 4-74; 4-75; 4-76; 4-77; 4-78; 4-79; 4-80; 4-81; 4-82; 4-83; 4-84; 4-85; 4-86; 4-87; 4-88; 4-89; 4-90; 4-91; 4-92; 4-93; 4-94; 4-95; 4-96; 4-97; 4-98; 4-99; 4-100; 4-101; 4-102; 4-103; 4-104; 4-105; 4-106; 4-107; 4-108; 4-109; 4-110; 4-111; 4-112; 4-113; 4-114; 4-115; 4-116; 4-117; 4-118; 4-119; 4-120; 4-121; 4-122; 4-123; 4-124; 4-125; 4-126; 4-127; 4-128; 4-129; 4-130; 4-131; 4-132; 4-133; 4-134; 4-135; 4-136; 4-137; 4-138; 4-139; 4-140; 4-141; 4-142; 4-143; 4-144; 4-145; 4-146; 4-147; 4-148; 4-149; 4-150; 4-151; 4-152; 4-153; 4-154; 4-155; 4-156; 4-157; 4-158; 4-159; 4-160; 4-161; 4-162; 4-163; 4-164; 4-165; 4-166; 4-167; 4-168; 4-169; 4-170; 4-171; 4-172; 4-173; 4-174; 4-175; 4-176; 4-177; 4-178; 4-179; 4-180; 4-181; 4-182; 4-183; 4-184; 4-185; 4-186; 4-187; 4-188; 4-189; 4-190; 4-191; 4-192; 4-193; 4-194; 4-195; 4-196; 4-197; 4-198; 4-199; 4-200; 4-201; 4-202; 4-203; 4-204; 4-205; 4-206; 4-207; 4-208; 4-209; 4-210; 4-211; 4-212; 4-213; 4-214; 4-215; 4-216; 4-217; 4-218; 4-219; 4-220; 4-221; 4-222; 4-223; 4-224; 4-225; 4-226; 4-227; 4-228; 4-229; 4-230; 4-231; 4-232; 4-233; 4-234; 4-235; 4-236; 4-237; 4-238; 4-239; 4-240; 4-241; 4-242; 4-243; 4-244; 4-245; 4-246; 4-247; 4-248; 4-249; 4-250; 4-251; 4-252; 4-253; 4-254; 4-255; 4-256; 4-257; 4-258; 4-259; 4-260; 4-261; 4-262; 4-263; 4-264; 4-265; 4-266; 4-267; 4-268; 4-269; 4-270; 4-271; 4-272; 4-273; 4-274; 4-275; 4-276; 4-277; 4-278; 4-279; 4-280; 4-281; 4-282; 4-283; 4-284; 4-285; 4-286; 4-287; 4-288; 4-289; 4-290; 4-291; 4-292; 4-293; 4-294; 4-295; 4-296; 4-297; 4-298; 4-299; 4-300; 4-301; 4-302; 4-303; 4-304; 4-305; 4-306; 4-307; 4-308; 4-309; 4-310; 4-311; 4-312; 4-313; 4-314; 4-315; 4-316; 4-317; 4-318; 4-319; 4-320; 4-321; 4-322; 4-323; 4-324; 4-325; 4-326; 4-327; 4-328; 4-329; 4-330; 4-331; 4-332; 4-333; 4-334; 4-335; 4-336; 4-337; 4-338; 4-339; 4-340; 4-341; 4-342; 4-343; 4-344; 4-345; 4-346; 4-347; 4-348; 4-349; 4-350; 4-351; 4-352; 4-353; 4-354; 4-355; 4-356; 4-357; 4-358; 4-359; 4-360; 4-361; 4-362; 4-363; 4-364; 4-365; 4-366; 4-367; 4-368; 4-369; 4-370; 4-371; 4-372; 4-373; 4-374; 4-375; 4-376; 4-377; 4-378; 4-379; 4-380; 4-381; 4-382; 4-383; 4-384; 4-385; 4-386; 4-387; 4-388; 4-389; 4-390; 4-391; 4-392; 4-393; 4-394; 4-395; 4-396; 4-397; 4-398; 4-399; 4-400; 4-401; 4-402; 4-403; 4-404; 4-405; 4-406; 4-407; 4-408; 4-409; 4-410; 4-411; 4-412; 4-413; 4-414; 4-415; 4-416; 4-417; 4-418; 4-419; 4-420; 4-421; 4-422; 4-423; 4-424; 4-425; 4-426; 4-427; 4-428; 4-429; 4-430; 4-431; 4-432; 4-433; 4-434; 4-435; 4-436; 4-437; 4-438; 4-439; 4-440; 4-441; 4-442; 4-443; 4-444; 4-445; 4-446; 4-447; 4-448; 4-449; 4-450; 4-451; 4-452; 4-453; 4-454; 4-455; 4-456; 4-457; 4-458; 4-459; 4-460; 4-461; 4-462; 4-463; 4-464; 4-465; 4-466; 4-467; 4-468; 4-469; 4-470; 4-471; 4-472; 4-473; 4-474; 4-475; 4-476; 4-477; 4-478; 4-479; 4-480; 4-481; 4-482; 4-483; 4-484; 4-485; 4-486; 4-487; 4-488; 4-489; 4-490; 4-491; 4-492; 4-493; 4-494; 4-495; 4-496; 4-497; 4-498; 4-499; 4-500; 4-501; 4-502; 4-503; 4-504; 4-505; 4-506; 4-507; 4-508; 4-509; 4-510; 4-511; 4-512; 4-513; 4-514; 4-515; 4-516; 4-517; 4-518; 4-519; 4-520; 4-521; 4-522; 4-523; 4-524; 4-525; 4-526; 4-527; 4-528; 4-529; 4-530; 4-531; 4-532; 4-533; 4-534; 4-535; 4-536; 4-537; 4-538; 4-539; 4-540; 4-541; 4-542; 4-543; 4-544; 4-545; 4-546; 4-547; 4-548; 4-549; 4-550; 4-551; 4-552; 4-553; 4-554; 4-555; 4-556; 4-557; 4-558; 4-559; 4-560; 4-561; 4-562; 4-563; 4-564; 4-565; 4-566; 4-567; 4-568; 4-569; 4-570; 4-571; 4-572; 4-573; 4-574; 4-575; 4-576; 4-577; 4-578; 4-579; 4-580; 4-5</p> |                                 |