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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION 3. Address of Operator Box 480, Farmington, New Mexico 4. Location of Well UNIT LETTER J 1825 FEET FROM THE South LINE AND 1950 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 29-N RANGE 9-W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 5629 (RDB)	7. Unit Agreement Name 8. Farm or Lease Name Jacques Gas Unit "D" 9. Well No. 1 10. Field and Pool, or Wildcat Basin Dakota 12. County San Juan
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Report of Potential Test <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This is to report the following Potential Test.

Potential test June 7, 1965. Flowed 2235 MCFFPD through 3/4" choke after 3 hours flow. Absolute open flow potential 2300 MCFFPD. Shut-in casing pressure after 15 days 681 psig.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed by G. L. HAMILTON TITLE District Services Supervisor DATE June 21, 1965

APPROVED BY Original Signed by G. L. HAMILTON TITLE Supervisor Dist. # 3 DATE JUN 23 1965

CONDITIONS OF APPROVAL, IF ANY: