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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- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name Sullivan Gas Unit "D"
3. Address of Operator P. O. Box 480, Farmington, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER B 920 FEET FROM THE North LINE AND 2450 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 29-N RANGE 11-W N.M.P.M.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 5448 (RDB)	12. County San Juan

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Report of Potential Test** ☒

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 December 22, 1964. Flowed 4338 MCFPD through 3/4" choke after 3 hours flow. Absolute open flow potential 4784 MCFPD. Shut in casing pressure after 9 days 1968 psig.



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

SIGNED Emery C. Arnold TITLE Administrative Clerk DATE January 11, 1965

Original Signed Emery C. Arnold

APPROVED BY Supervisor Dist. # 2 DATE JAN 12 1965

CONDITIONS OF APPROVAL, IF ANY: