

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>1-89-IND-58</b>
2. NAME OF OPERATOR <b>Pan American Petroleum Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo</b>
3. ADDRESS OF OPERATOR <b>Security Life Building, Denver, Colorado 80202</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1850 FNL, 600 FWL SW NW</b>		8. FARM OR LEASE NAME <b>USG Section 18</b>
14. PERMIT NO.		9. WELL NO. <b>21</b>
15. ELEVATIONS (Show whether PT, RT, GR, etc.) <b>5165 RDB, 5160 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Hogback Area Wildcat</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 18, T29N, R16W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report Results of multiple completion or 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.)\*

Drilled to a total depth of 866'.  
No commercial show of gas or oil. No casing removed.  
Propose to abandon by pumping 100 sacks cement with 2% Gel down 4 1/2" casing.  
Abandonment procedure verbally approved by P. T. McGrath to G. W. Eaton 4-6-65.



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

SIGNED R. H. Beers TITLE Administrative Assistant DATE April 27, 1966

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: