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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  Fee

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-	7. Unit Agreement Name
2. Name of Operator <b>PAN AMERICAN PETROLEUM CORPORATION</b>	8. Farm or Lease Name <b>Elliott Gas Unit "F"</b>
3. Address of Operator <b>P. O. Box 480, Farmington, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>I</b> <b>1750</b> FEET FROM THE <b>South</b> LINE AND <b>870</b> FEET FROM THE <b>East</b> LINE, SECTION <b>33</b> TOWNSHIP <b>30-N</b> RANGE <b>9-W</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Basin Dakota</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>5706 (RIS)</b>	12. County <b>San Juan</b>

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 **Potential Test**

ALTERING CASING

PLUG AND ABANDONMENT

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 March 29, 1965. Flowed 4566 MCFPD through 3/4" choke after 3 hours flow. Absolute open flow potential 5525 MCFPD. Shut in casing pressure after 8 days 2158 PSIG.**



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

ORIGINAL SIGNED BY

SIGNED \_\_\_\_\_ TITLE **Administrative Clerk** DATE **April 15, 1965**

Original Signed **Emery G. Arnold**

APPROVED BY \_\_\_\_\_ TITLE **Supervisor Dist. # 3** DATE **APR 16 1965**

CONDITIONS OF APPROVAL, IF ANY: