

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-7428-2

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE CV
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 2
4. Location of Well UNIT LETTER _____, 1750 FEET FROM THE NORTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 17-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat VACUUM Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 3928 R D B	12. County LEA

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

In an effort to increase productivity of well, Acidized perfs 8740-8805' w/ 5000 gal 15%. Evaluated & restored to production.

Prior - pmp 10 BO + 2 BW 24 hrs.
after - " 53 BO + 10 " 24 hrs.

TD- 9000
PBD- 8855
4 1/2" CSA 9000

OC- 3-30-70
Comp 4- 6-70

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

SIGNED _____	TITLE <u>Chief Engineer</u>	DATE <u>4/6/70</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: - SUBP		