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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 ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
BYERS "A"

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
29

4. Location of Well
UNIT LETTER E, ~~1980~~ 1980 FEET FROM THE NORTH LINE AND ~~WEST~~ 660 FEET FROM THE W LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
HOBBS (GSA)

15. Elevation *(Show whether DF, RT, GR, etc.)*
3613' D.F.

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	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐			COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	CHANGE PLANS	☐	CASING TEST AND CEMENT JOB	☐		
OTHER	☐			OTHER	☐		

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 perforated addtl intervals 4132-43 - 50-60, 68-70, 74-82 w/ 2 JSPF and acidized w/ 500 gal 15%. Evaluated. Reacidized w/ 500 gal 15%. Evaluated. Squeezed perfs 4132-43 w/ 100 sx. Reversed out 80 sx.

Acidized perfs 4150 - 4212 w/ 2000 gals 15%. Evaluated.

Test - Prior - Pmp. 48 BO x 47 BW 24 hours.
After - Flow 78 BO x 78 BW 24 Hrs. GOR 2733. TPF 120.

TD-4213'
PBD-4212'
5½" CSA 4210'

OC - 1-20-67
Comp 1-16-68

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 1-19-68

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+2-NMOCC-12
1-NSW
1-SUG