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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 1

Form C-103
Superseded Old
C-103 and
Effective 1-1-65

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. A-1212
7. Unit Agreement Name
8. Farm or Lease Name STATE - A-2 RA A
9. Well No. 23
10. Field and Pool, or Wildcat HOBBS GSA
12. County LEA

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
2. Name of Operator Pan American Petroleum Corp
3. Address of Operator Box 68, Hobbs N.M. 88240
4. Location of Well UNIT LETTER K 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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	☐

PLUG AND ABANDON	☐
CHANGE PLANS	☐

REMEDIAL WORK	☒
COMMENCE DRILLING OPS.	☐
CASING TEST AND CEMENT JOB	☐
OTHER	☐

ALTERING CASING	☐
PLUG AND ABANDONMENT	☐

17. (Under this heading) or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) THE RULE 1103.

In an effort to increase productivity remedial work was performed as follows:

"Ran 4 1/2" OD 9.5" casing liner from 3863'-4200' and cemented w/ 120 lb cement containing 6% Halad 9 and Inf Plug. Final squeeze pressure 3000 psi. Drilled out to 4190' (PBD). Perforated 4161-68, 4176-82, 4186-89 w/ 215PF. Acidized w/ 7000 gallons. Restored to production."

Prior to workover, well dead, After: Flow 45 B0X15 B4 24 hr. TPF-175 CPF-520, ch 14 1/4". GOR 3390'. OC, 8-9-65, Comp 8-29-65. TD-4200. PBD 4190', PERFS 4161-89'.

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

SIGNED: [Signature] TITLE: Area Engineer DATE: 9-1-65

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

2. V. APPROVE
3. DATE