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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

O.C.C.
AUG 12 11 05 AM '66

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-

NAME CHANGED:
~~FROM: PAN AMERICAN PETR. CORP.~~
TO: AMOCO PRODUCTION CO.
~~EFFECTIVE: 2-1-71~~

7. Unit Agreement Name

2. Name of Operator: PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name: Byers B

3. Address of Operator: Box 68, Hobbs New Mexico

9. Well No.: 8

4. Location of Well: UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (*Show whether DF, RT, GR, etc.*): 3626 D.F.

12. County: Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☐
- PLUG AND ABANDON ☐
- TEMPORARILY ABANDON ☐
- PULL OR ALTER CASING ☐
- CHANGE PLANS ☐
- OTHER ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☒
- ALTERING CASING ☐
- COMMENCE DRILLING OPNS. ☐
- PLUG AND ABANDONMENT ☐
- CASING TEST AND CEMENT JOB ☐
- 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.

Remedial work performed to reduce a high GOR.

Squeezed perforations 4160-90' with 100 sx Incor neat + .5% of 1% Halad 9. Put 45 sx into formation below retainer @ 4125. Pulled retainer and cement equalized over perfs 4050-4064 and put 8 sx into formation. Reversed out 37 sx. Drilled out to TD of 4215 and made 11' of new hole. TD 4126'. Acidized open hole w/ 2000 gallons. Evaluated.

Prior - Flw 62 BO x 04 BW 24 hours. GOR 5596.
After - Flw 72 BO x 0 BW 24 hours. GOR 305. TPF 100, 17/64" ch.

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

SIGNED [signature] TITLE Area Supt DATE 8-11-66

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY:

O+2 - NMOCC-H
1 - NSW
1 - [illegible]