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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 ☒ Fee ☐

5. State Oil & Gas Lease No.

13788

## 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 "B"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> , <u>1980'</u> FEET FROM THE <u>NORTH</u> LINE AND <u>330</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>1</u> TOWNSHIP <u>19-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat EUMONT - OIL
15. Elevation (Show whether DF, RT, GR, etc.) 3742' R.D.B.	12. County LEA

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 ☐

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SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☒

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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 accordance w/ Form Q-103 dated 7-25-69.  
Well was plugged and abandoned 8-7-69 as follows: Loaded hole w/ mud.  
Spotted 255x Cement plug across perpys 3930-4010.  
Shot 5 1/2" @ 1500, 1185, 1000, 925, and pulled from 850.  
Spotted 255x. In & Out of 5 1/2" stub.  
Spotted 255x " " " 8 7/8" CSA 320.  
Spotted 105x @ surface & erected P.A marker.

Final cleanup shall be made and ground restored to contour.

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 AUG 15 1969

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

0+ 3- NMOCCN  
1- NSW  
1- WFS  
1- SUSP  
1- RRY