

HOBBS OFFICE O. G. C.
APR 19 7 26 AM '66
NEW MEXICO OIL CONSERVATION COMMISSION

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

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Capps
9. Well No. 8
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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>
2. Name of Operator Pan American Petroleum Corp.
3. Address of Operator Box 68, Hobbs, New Mexico
4. Location of Well UNIT LETTER 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3612' D.F.

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 JOB <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, remedial work was performed as follows:

PBD-4068. Cleaned and drilled out to TD of 4214'. Perforated intervals 4190-94 + 4206-11 w/ 2 BPF. Set packer and stimulated w/ 5,500 gallons acid, in three stages. Evaluated. Acidized perms 4005-50, w/ 1000 gal mud acid. Evaluated.

Prior to workover, pumped 12 BOPD.
After " , pumped 86 BO x 7BW in 24 hr. GOR 2558.

OC 3-8-66 Comp 4-14-66.

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

042. NMOC-C
F-JWB

TITLE Area Supt DATE 4-15-66

1-505P

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE