

Form 9-331 (May 1963)

HUBBS OFFICE O. C. C.
 UNITED STATES DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY
 SUBMIT IN TRIPLICATE* (Other instructions on reverse)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
 LC-069944

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER DRILLING

2. NAME OF OPERATOR
 PAN AMERICAN PETROLEUM CORP.

3. ADDRESS OF OPERATOR
 Box 68 HOBBS NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
 At surface
 660' FSL x 1984.9' FWL, Sec. 5, (UNIT N, SE 1/4 SW 1/4)

7. UNIT AGREEMENT NAME
 LITTLE EDDY UNIT

8. FARM OR LEASE NAME

9. WELL NO.
 1

10. FIELD AND POOL, OR WILDCAT
 WILDCAT

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
 5-20-33 NMPM

12. COUNTY OR PARISH 13. STATE
 LEA N.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
 3565 R.D.B.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 3-4-66, 9 7/8" OD 36-40# H-40, J-55, N-80 #580 casing was set at 5536' and follows: Cemented 1st stage w/ 700 5x 4% Gel Incon x 200 #4 Incon meal. Opened DV Tool @ 3128 and cemented 2nd stage w/ 550 #4 4% Gel Incon x 200 #4 Incon meal. Packer failed when approx. 40% of cement through DV Tool. T.C.M.T. by temp survey 2585'. Tested casing above DV Tool w/ 1000 psi for 30 min. Test O.K. Buled DV Tool + Tested casing w/ 1000 psi for 30 minutes. Test O.K. Reduced hole to 8 7/8" at 5536' and resumed drilling operations.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Area Supt DATE 3-7-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE Attney DATE 3-7-66
 DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

- 04-4-536-1
- 1-345 B
- 1-345 D
- 1-245
- 1- Perry R. Bess, Box 171, Midland
- 1- State Land - Santa Fe
- 1- US BOKAX

*See Instructions on Reverse Side