

Form 9-331
(May 1963)

HOBBS OFFICE O.C.C. UNITED STATES DEPARTMENT OF THE INTERIOR
HOBBS OFFICE O.C.C. SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)
DEC 28 11 45 AM '65

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0149958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>Pan American Petroleum Corp.</i>		8. FARM OR LEASE NAME <i>HOOD FEDERAL</i>	
3. ADDRESS OF OPERATOR <i>Box 68, Hobbs, N.M. 88240</i>		9. WELL NO. <i>2</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL X 660' FWL, Sec. 13 (Unit E, SW/4 NW/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>BOUGH DEVONIAN</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4130 R.D.B.</i>	
		12. COUNTY OR PARISH <i>LEA</i>	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <i>Completion Operations</i> <input checked="" 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.)*

TD-11,955'. On 11-29-65, 5 1/2" OD 17-20# N-80+J-55 casing was set at 11,955' w/ 150 sy neat and 1000 sy 490 Gel Inferno. Lusted casing for 30 minutes w/ 3000 psi. Test O.K. Perforated 11426'-938' w/ 2JSPF. Acidized w/ 1000 gallons.

On PT, flowed 273 BO x OBW in 24 hours thru 1 1/4" choke TPF 375, CPF-375. GOR 35. Cgr. 43.9°.

Comp 12-3-65.

RECEIVED

DEC 8 1965

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

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

SIGNED *[Signature]* TITLE *Area Supt* DATE *12-6-65*

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE *APPROVED*

CONDITIONS OF APPROVAL, IF ANY:

DEC 21 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER