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LAND OFFICE	
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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.
F-8956

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE "AZ"
3. Address of Operator BOX 66, HOBBS, N. M. 88240	9. Well No. 4
4. Location of Well UNIT LETTER A 990 FEET FROM THE NORTH LINE AND 990 FEET FROM THE EAST LINE, SECTION 34 TOWNSHIP 12-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat RANGER LAKE - DEV. WEST
15. Elevation (Show whether DF, RT, GR, etc.) 4169' R. D. B.	12. County LEA

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 acidized perforations + open hole section w/ 10,000 gal 24% HCL. Evaluated + Restored to prod.

*Prod - FLW 1100 MCFPD TPF 800.
After - FLW 206 BD x 3500 MCF GPD x 6 BLW. TPF 680.*

TD-12899' 5 1/2" CSA 12835' OC-1-30-69
PERMS 12790-824' COMP-2-13-69
OPEN# 12835-12899'

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 **FEB 19 1969**

APPROVED BY **Leslie Clements**
CONDITIONS OF APPROVAL, IF ANY:
1-R&Y

TITLE _____ DATE _____