NO. OF COPIES RECEIV	ED	اک		Form C-103
DISTRIBUTION		4——		Supersedes Old C-102 and C-103
SANTA FE		$\vdash$	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		-		
U.S.G.S.				Sa. Indicate Type of Lease
LAND OFFICE				State Fee, X
OPERATOR	13			5. State Oil & Gas Lease No.
	SU	NDDV	NOTICES AND DEPORTS ON WELLS	mmmmmmm
(DO NOT USE TH	USE "APP	PROPO LICATIO	NOTICES AND REPORTS ON WELLS  DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  N FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL	GAS WELL	,		7. Unit Agreement Name
2. Name of Operator	11000		OTHER-	8. Farm or Lease Name
PAN AMERICAN	PETROL	EUM C	ORPORATION	Likins Gas Unit "A"
3. Address of Operator				9. Well No.
P. O. Box 480	, Farm	ingto	on, New Mexico	3
4. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER		1	190 FEET FROM THE South LINE AND 1105 FEET FRO	Basin Dakota
THE West	LINE, S	ECTION.	34 TOWNSHIP 30-N RANGE 9-W NMP	m. (())))))))))))))
mmmm	imi	$\overline{m}$	15. Elevation (Show whether DF, RT, GR, etc.)	
		/////		12. County
16.	777777	77777	5722 (RDB)	San Juan
No	Cne	ск Ар	oppropriate Box To Indicate Nature of Notice, Report or O	ther Data
NC	STICE O	- INI	ENTION TO: SUBSEQUEN	NT REPORT OF:
PERFORM REMEDIAL WORK	к 🗀		PLUG AND ABANDON REMEDIAL WORK	<b>_</b> -
TEMPORARILY ABANDON				ALTERING CASING
PULL OR ALTER CASING	H		COMMENCE DRILLING OPNS.  CHANGE PLANS  CASING TEST AND CEMENT IOB	PLUG AND ABANDONMENT
	_			leport of Potential Test X
OTHER			OTHER	Topota or Localistat 1996
17. Describe Proposed o work) SEE RULE 11	or Complete 103.	ed Opero	ations (Clearly state all pertinent details, and give pertinent dates, including	ng estimated date of starting any proposed
This is to rend	ort the	a fol	lowing Potential Test:	
un ou rope	4 411		rourie i coontrat 1990!	
Potential Test	June C	2 70	6/ Flored 2622 MCFDD through 2/18 abole at	
onen flow noter	ntial :	2776	64. Flowed 2523 MCFPD through 3/4" choke aft	er 3 hours flow. Absolu
ober tron booot		-110	MCFPD. Shut in casing pressure after 14 days	1834 paig.
			Í	ON FIVEN
			f	MESTIAED /
				10 10 1 4 m
				JUNI 8 1965
			<i>1</i>	ou con com/
				The state of the s
18. I hereby certify that +	he informa	tion sh	ove is true and complete to the best of my knowledge and belief.	No the contract of
	ORIGINAL S	IGNED	BY	
IGNED	L. R. T	ntuel	TITLE Administrative Clerk	DATE June 16, 1965

TITLE Supervisor Dist. # 3

JUN 18 1965

Priginal Signed Emery C. Arnold

CONDITIONS OF APPROVAL, IF ANY: