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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-4918
7. Unit Agreement Name
8. Farm or Lease Name STATE V GAS COM
9. Well No. 1
10. Field and Pool, or Wildcat EMPIRE PENN- E
12. County ELA

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 type="checkbox"/> OTHER- DRILLING
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER P 1190 FEET FROM THE SOUTH LINE AND 1090 FEET FROM THE EAST LINE, SECTION 30 TOWNSHIP 17-S RANGE 28-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) NVA

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" 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.

Cactus Drilling Co spudded spudded 15" hole 4:30 PM, 11-5-68.
On 11-6-68, 11 3/4" OD 42" casing was set @
352' w/ 300 5x Incon meat @% EACH. After WOC 18 hrs,
tested casing w/ 1,000 psi for 30 min. Test O.K.
Reduced hole to 11" @ 352 and resumed drilling.

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NOV 12 1968

O. C. C.
ARTESIA, OFFICE

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

SIGNED [Signature] TITLE **AREA SUPERINTENDENT** DATE **NOV 7 1968**

ON 2-11-68-ART
APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:
1-535P 1-DEPTO INC 1-HUSKY

NOV 12 1968