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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 14 1969

O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	Fee <input type="checkbox"/>
5b. Lease No.	CG-4307

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION ✓	8. Farm or Lease Name STATE EA
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> <u>990</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>6</u> TOWNSHIP <u>18-S</u> RANGE <u>28-E</u> NMPM.	10. Field and Pool, or Wildcat EMPIRE-ABO
11. Elevation (Show whether DF, RT, GR, etc.) 3688' R.D.B.	12. County EDDY

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input 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 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 of well, acidized perforations: 6050-6070', w/ 3000 gal 15% retarded + 3000 gal 15% LSTNE Acid. Evaluated & restored to production.

Prior - Flow 96 BO + 0 BW 24 hrs.
After - Flow 118 BO + 2 BW 24 hrs.

TD - 6119'
PBD - 6084'
5 1/2" CSA 6119'
8 7/8" CSA 971'

OC - 10-1-69
Comp - 10-8-69

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 OCT 9 1969

APPROVED BY R. J. Ham
CONDITIONS OF APPROVAL, IF ANY:
1-SUSP

TITLE _____ DATE _____