

April 12, 1967

Pan American Petroleum Corporation  
P. O. Box 68  
Hobbs, New Mexico

Re: HOC Federal Gas Com  
No. 1 F 13-22-23,  
Indian Basin-Upper  
Penn. Gas Pool

Gentlemen:

This office can find no record of receipt of Form C-122, "Gas Well Test" for the subject well as required. Please file this test report at your earliest convenience.

Very truly yours,

OIL CONSERVATION COMMISSION

R. L. Stamets  
Geologist

RLS/bh

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT T  
(Other ins  
verse side)APPLICATE  
ions on re-Form approved.  
Budget Bureau No. 42-R1494.

5. LEASE DESIGNATION AND SERIAL NO.

NM-059077

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HOC Federal Gas COM

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

INDIAN BASIN - Upper Flank

11. SEC., T., R., M., OR SIX. AND  
SURVEY OR AREA

13-22-23 NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

N.M.

## 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 checked="" type="checkbox"/> OTHER                                                 | 7. UNIT AGREEMENT NAME                                         |
| 2. NAME OF OPERATOR<br>PAN AMERICAN PETROLEUM CORPORATION                                                                               | 8. FARM OR LEASE NAME<br>HOC Federal Gas COM                   |
| 3. ADDRESS OF OPERATOR<br>BOX 68, HOBBS, N. M. 88240                                                                                    | 9. WELL NO.                                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL, OR WILDCAT<br>INDIAN BASIN - Upper Flank   |
| 14. PERMIT NO.                                                                                                                          | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4054' R.D.B. |
| 12. COUNTY OR PARISH<br>EDDY                                                                                                            | 13. STATE<br>N.M.                                              |

|                                                                                                       |                                               |                                                           |                                          |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|------------------------------------------|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                         |                                               |                                                           |                                          |
| NOTICE OF INTENTION TO:                                                                               |                                               | SUBSEQUENT REPORT OF:                                     |                                          |
| TEST WATER SHUT-OFF <input type="checkbox"/>                                                          | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>                                                               | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>                                                             | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>                                                                  | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                          | (Other) <input 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.)\*

In accordance w/ Form G-331 dated 2-17-67, treated well w/ 20,000 gal 15% retarded dolaprac followed by 13,000 gal 28% acid and overflushed w/ 7600 gal treated water containing 1000 std cu ft of CO<sub>2</sub>.

On test, 22 hours, flow 2.23 MMCF on 45/64 ch. w/ 27 Bbs Disk + 28 BLW. TPF 600.

TD - 7897

PAD - 7857

OC - 2-20-67

COMP - 3-1-67

PERFS - 7702-13, 7720-28, 50-48,

5 1/2" CSA 7897; 2" 7/8" @ 7676 w/ PSH 7638.

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

SIGNED

TITLE AREA SUPERINTENDENT

(This space for Federal or State signature)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4- USGS-ART

1- NSW

1- SUSP

1- RRV

2- SUPERIOR OIL

Box 1900

MIDLAND TEXAS

ATTN: D.H. COLLINS JR.

\*See Instructions on Reverse Side

RECEIVED  
MAR 7 1967  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
DATE 3-3-67