

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
**NM-1189-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <b>BIG EDDY UNIT</b>	
2. NAME OF OPERATOR <b>PAN AMERICAN PETROLEUM CORP.</b>		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR <b>Box 68, HOBBS, NEW MEXICO 88240</b>		9. WELL NO. <b>9</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FNL x 660' FEL, Sec. 19 (UNIT H, SE 1/4 NE 1/4)</b>		10. FIELD AND POOL, OR WILDCAT <b>UNDESIGNATED</b>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>19-20-31 NMPM</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH <b>EDDY</b>	
		13. STATE <b>N.M.</b>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

WELL NAME CHANGED FROM: BIG EDDY UNIT No. 8  
TO: BIG EDDY UNIT No. 9

CASING PROGRAM CHANGED:

HOLE SIZE		CSG SIZE		WEIGHT/FT		DEPTH	
FROM	TO	FROM	TO	FROM	TO	FROM	TO
17 1/2"	20"	13 3/8"	16"	48#	65#	800'	850'
12 1/4"	13 3/4"	10 3/4"	11 3/4"	40.5#	42-47#	2300'	2200'
9 7/8"	10 5/8"	8 7/8"	8 7/8"	36#	24-32#	4400'	3900'
7 7/8"	7 7/8"	4 1/2"	5 1/2"	11.6#	155-20#	11800'	11675'

RECEIVED

APR 5 1966

O. C. C.  
ARTESIA, NEW MEXICO

ALL OTHER PROVISIONS TO REMAIN THE SAME.

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

SIGNED

TITLE **AREA. Supt**DATE **3-31-66**

(This space for Federal or State office use)

APPROVED BY **[Signature]**  
CONDITIONS OF APPROVAL, IF ANY:TITLE **DISTRICT ENGINEER**DATE **APR 4 1966**

\*See Instructions on Reverse Side