

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0251

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 ☐ GAS WELL ☐ OTHER **DRILLING**

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

1650' FSL * 660' FEL SEC. 7 (UNIT I, NE 1/4 SE 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3505' R. D. B.

7. UNIT AGREEMENT NAME

BIG EDDY UNIT Federal

8. FARM OR LEASE NAME

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Under West Fork -
WILDCAT Strawn

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

7-20-31- NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

On 10-20-67, 11 3/4" OD 42-47" H-40 + J-55 casing was set, in a 15" hole, @ 2301' and cemented w/ 900' salt sat Incon w/ 4% bel + 1% CACL plus 150' salt sat Incon + 1% CACL. WOC 24 hours. Tested casing with 1200 psi for 30 min. Test OK.

Reduced hole to 10 5/8" @ 2301' and resumed drilling.

RECEIVED
OCT 24 1967

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

10-24-67

(This space for Federal or State approval)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044- USGS-Ros
1- NSW
1- SUSO
1- RRY
1- STOTELAND
1- PERRY BASS

APPROVED
R. L. L. AM

*See Instructions on Reverse Side