Form 9-331

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL

## VITED STATES SUBMIT IN

Form approved.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

May 1963)	OCCUPANT OF THE INTEDIOR (Other instructions	on re Budget Bureau No. 42-R1424.
	DEPARTMENT OF THE INTERIOR (Other instructions)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	M-0196518
	SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
•		
(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.)	
		7. UNIT AGREEMENT NAME
MELT MI	ELL OTHER DRILLING	
NAME OF OPERAT		8. FARM OR LEASE NAME
PAN AMERICAN	N PETROLEUM CORPORATION	MINCAN FEDERAL GAS COI
ADDRESS OF OPE		9. WELL NO.
BOX 68, HOBE	BS, N. M. 88240	1
L. LOCATION OF WE See also space 1	CLL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface		INDIAN BASIN UPPER PENA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
950 FNL:	x 950' FWL Sec. 18, (Unit D, NW/4 NW/4)	SURVEI OR ARMA
	are the second of the second	18-22-24 NMPM
14. PERMIT NO.	15. BLEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		EDDY N.M.
6.	Check Appropriate Box To Indicate Nature of Notice, Repor	t, or Other Data
		SUBSEQUENT REPORT OF:
	NOTICE OF INTENTION TO:	BUDGAQUANI REFURI VS.

(Note: Report results of multiple completion on Wel Completion or Recompletion Report and Log form.) (Other) 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.)\*

WATER SHUT-OFF

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON \*

CHANGE PLANS

Cactus Drely Co. spudded 17/2" hole 4: PM 9-16-68, On 9-18-68, 133/8" OD 48# 14-40 STEC Casing was sef @ 191 : w/350 sy Incar near 27, Cacl. NOC 24 Rours. Orsled

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18. I hereby certify that the foregoing is true and correct		
SIGNED	TITLE AREA SUPERINTENDENT	DATE 9-20-63
(This space for Federal or State Office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side