N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN (Other instructions on reverse side) TRIPLICATE*

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-029167

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Humache Unit

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT
Humache W/C

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-23-S, R-22-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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 [X] OTHER

2. NAME OF OPERATOR
Pan American Petroleum Corporation

3. ADDRESS OF OPERATOR
Box 480, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' from North line, 1980' from West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4517 G R

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) Change lease name [ ]	
(Other)		(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.) *

1. Name changed from Huamache Oil Unit to Humache Unit.

RECEIVED
FEB 4 1964
O. C. C.
ARTESIA, OFFICE

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

SIGNED COPY ORIGINAL SIGNED E. S. DAVIS TITLE Agent DATE 1-27-64

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 3 1964
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side