חדח	Form 9-331 UNITED STATES SUBMIT IN TRIPLICATE* May 1963) (Other instructions on re-		Form approved. Budget Bureay No. 42-R1424.		
DEPARTMENT OF THE INTERIOR (Other Instructions on F		5. LEASE DESIGNATION AND SERIAL NO. 37-078139			
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 ba PPLICATION FOR PERMIT—" for such pro	ck to a different reservoir.			
			7. UNIT AGREEMENT NAME		
OIL GAS WELL OTHER			8. FARM OR LEASE NAME		
PAN AMERICAN PETROLEUM CORPORATION			E. E. Elliott "A"		
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Meyico 87401			9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1460 * FSL & 300 * FWL			10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SW/4 Section 15, T-30-N, R-9-W		
					4. PERMIT NO.
3. Che	ck Appropriate Box To Indicate N	ature of Notice, Report, or C	ther Data		
				UENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	[]	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING Perforat	ABANDONM C & Fracture		
REPAIR WELL	CHANGE PLANS	(Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
proposed work. If well is nent to this work.)* TD 2940'. PBD	directionally drilled, give subsurface location	ions and measured and tide vertica	in deptite for all mains		
hole with water 250 gallons 7-1	ce unit 9-9-70, ram tubin treated with 0.82 KCl an /2% HCl. Perforated 2787 lons water treated as abo	d 7 pounds Gel per 10	000 gallom S and water fra	pot ted Logd	
	Average injection rate 4	ve and 30,000 pounds	av av venus	Average	
	Average injection rate 4	ve and 30,000 pounds		Average	
	Average injection rate 4	ve and 30,000 pounds 2 EPM.		REP 1 3 T	
	Average injection rate 4	ve and 30,000 pounds		REL	
	Average injection rate 4	ve and 30,000 pounds 2 EPM.		REP 13 T	

DATE ___

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: