

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

COPY TO O. C. G.

Form approved  
Budget Bureau No. 42 R1124

5. LEASE DESIGNATION AND SERIAL NO.

NM-0450847

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 SALT WATER DISPOSAL WELL

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  
1980' FSL x 1980' FEL Sec 13 (UNIT), NW/4 SE/4

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME SYSTEM  
ROUGH SALT WATER DISPOSAL

9. WELL NO. 1

10. FIELD AND POOL, OR WELDFIELD

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
13-9-35 NMPM

12. COUNTY OR PARISH LEA 13. STATE N.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4120' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <u>Conversion to SWD</u> <input checked="" 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.)\*

NMOCC Order SWD 89 authorizes disposal of water into the San Andres formation within this well. This order supersedes Order R-3495 authorizing disposal in the Permian.

Collapsed casing below 5711' prevented re-entry below and into the disposal zone. Tested casing to 1900 psi - Test O.K. San Andres zone perforated 5271-75, 5313-22, 5273-77, 5393-97, 5414-5418' W/21SPF. CI SP set @ 5540' Tension packer set @ 4300' with 2 3/4" OD Plastic coated tubing. Conducted injectivity tests.

SCHEMATIC ATTACHED.

TD-9054' 10 3/4" CSA 465' 5 1/2" liner 4188-9590.  
PAD-5570' 7 7/8" CSA 4800'

PRESENT LEASES TO BE SERVED:

FLAREA #1 L-17-9-36  
REED A #1 I-18-9-36

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

SIGNED \_\_\_\_\_ TITLE AREA SUPERINTENDENT DATE DEC 17 1968

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

COPIES - H  
1 - NEW  
1 - SUB  
1 - RRY

\*See Instructions on Reverse Side

APPROVED  
DEC 18 1968  
A. R. BROWN  
DISTRICT ENGINEER