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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.
JAN 11 1 25 PM '67

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
CROSBY "E"

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
1

4. Location of Well
UNIT LETTER M . 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 8-S RANGE 30-E NMPM.

10. Field and Pool, or Wildcat
CATO San Andres

15. Elevation (*Show whether DF, RT, GR, etc.*)
4075' R. D. B.

12. County
Chaves

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☒	
OTHER ☐		OTHER Completion Operations ☒	

17. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

TD-3492'. On 1-1-67, 4½" OD 9.5# J-55 Casing was set @ 3492' w/ 500 sx 12% Gel Incor + 300 sx Incor neat. Casing tested w/ 2000 psi for 30 minutes. Test O.K. Rel OC appx 50 hours, Perforated interval 3303'-52' w/2 SPF. Acidized w/ 3600 gal 28%. Completed

(Interval 3388'-3430' perforated w/2 SPF, Acidized w/ 3000 gal 28%. Evaluated. Non-Commercial. BP set @ 3370'. Squeezed below w/ 150 sx. Cement.)

On PT. 1-8-66. Swab + Flow 175 BO x 1 BLW in 24 hours. 10/64" ch. TPF-200. CPF-250, GOR 520. Cgr. 26.8.° 9/MCFG.

TD-3492 Comp.- 1-8-67
P.D-3370
TOP 3303' San Andres

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 1-9-67

APPROVED BY _____ TITLE SUPERVISOR, DISTRICT II DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2-2-NMOCC-H
1-NSW
1-Susp
1-RRH
1-UNION TEXAS