

NEW MEXICO OIL CONSERVATION COMMISSION

MAY 1 7 03 AM '67

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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Drilling</u>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name CROSBY "H"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>9</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> NMPM. CATO San Anas	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Chico Drilg Co. spudded 12 1/4" hole, 4-25-67.
On 4-26-67 8 7/8" OD 24" J-55 casing was set @ 476' w/ 300# 2% cal. Incon. Cement circulated. After WOC 18 hours, tested casing w/ 750 psi for 30 minutes. Test O.K.
Reduced hole to 7 7/8" @ 476' and resumed drilling.

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

ED [Signature] TITLE AREA SUPERINTENDENT DATE 4-27-67

1MOCC-11 }
1500 }
150 }
24 }
TIONS OF APPROVAL, IF ANY:

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SECURELY BY LOCKED DRAWER
TITLE _____ DATE _____