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NEW MEXICO OIL CONSERVATION COMMISSION **JUL 13**

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

5a. Date of Lease **1-29-67**  
 State  Fee   
 5. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO GRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Pan American Petroleum Corp.</i>	8. Farm or Lease Name <i>CROSBY "G"</i>
3. Address of Operator <i>Box 68 Hobbs, New Mexico 88240</i>	9. Well No. <i>2</i>
4. Location of Well UNIT LETTER <i>K</i> , <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>9</i> TOWNSHIP <i>8-S</i> RANGE <i>30-E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>CATO San Andrew</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4043' R.D.B.</i>	12. County <i>Chaves</i>

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 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 <i>Completion</i> <input checked="" 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.

*On 7/5/67, 4 1/2" O.D. 9.5" J-55 casing was set at 3403' w/300 SK. of incor meat. Tested casing for 30 minutes w/2000 PSI. Test O.K. After N.O.C appx. 52 hours, Perforated intervals 3161-95, 3311-17; 3321-30; 3337-42 w/2SPF. Acidized w/4000 gal 28%. Evaluated. PT-Swab 180 BOX 60 BLW in 16 hours. CP 350. 115 MCFG. GOR 638. Cgr. 24°.*

*TD-3404  
PBD-3386  
Comp. 7-9-67.*

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

SIGNED *[Signature]* TITLE *Area Supt.* DATE *7-12-67*

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
*1-545P  
1-RV*

*2-2-NMCC-H  
1-NSW*