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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

file Copy

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-8385-2
7. Unit Agreement Name
8. Farm or Lease Name STATE OF SALT WATER DISPOSAL WELL
9. Well No. 1
10. Field and Pool, or Wildcat
12. County EDDY

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 SALT WATER DISPOSAL
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 13 TOWNSHIP 11-S RANGE 22-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3757' G L

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER CONVERSION TO SWD WELL <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.

Work was performed to convert old hole to a salt water disposal well in accordance w/ NMOC Order R-3994, 3-20-68.

A diagrammatic sketch of the work performed and installation of eqpt. etc is attached.

Water injection started 7-12-68.

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 7-26-68

042- NMOC- ART
1- NSW W.A. Gressett
APPROVED BY [Signature] TITLE [Signature] DATE 7-26-68
1- SUPER
CONDITIONS OF APPROVAL, IF ANY:
1- W 7