

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STATEMENT OF APPLICATION
(See Instructions on Reverse Side)

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.)

☐ OIL WELL ☐ GAS WELL ☐ OTHER INCOMPLETE DRILL WELL

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
 BOX 12, SODAS, N. M. 86240

4. Location of well (Report location clearly and in accordance with any State requirements.)
See also space 17 below.)
At surface

1980 FSLx 1980 FEL Sec. 13 (Unit 3, Nov/4 Dec/4)

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
365' 2. D. E.

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

NOTICE OF INTENTION TO :

TEST WATER SHUT-OFF

FRANCIS TREAS

S:ROOZ OR ACIDIZE

KEEP'AN, WELL

09/02/20

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON²

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL.

ALTERING CASING

ABANDONMENT⁴

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.) *

Drilled well to a total depth of 9097' without encountering commercial quantities of oil or gas. The gas to plug back as follows: Intervals
Cement to be 63100 - 8000'; 6950 - 6850'; 4900 - 4800';
6400' - 6300'; 2250' - 2150'; Intervals to be filled w/ mud.

Aft. plugging back, well will be shut-in pending further evaluation of logs and data of the Queen Formation.

TD- 9097'

297 056 2307'

1871 CIA 226

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

5055

TITLE

AREA SUPERINTENDENT

DATE 11-1-68

APPROVED BY _____
 COMMENTS OF APPROVAL, IF ANY: _____

TITLE

DATE _____

RECEIVED

***See Instructions on Reverse Side**

FEB 3 1960

O. L. O.
ARTEER, DEVICES