

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>OG - 202</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>STATE "DH"</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>BAGLEY, NORTH LOWER PLAIN</b>
12. County <b>LEA</b>

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-
2. Name of Operator <b>PAN AMERICAN PETROLEUM CORPORATION</b>
3. Address of Operator <b>BOX 68, HOBBS, N. M. 88240</b>
4. Location of Well UNIT LETTER <b>P</b> <b>660</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>660</b> FEET FROM THE <b>EAST</b> LINE, SECTION <b>21</b> TOWNSHIP <b>11-S</b> RANGE <b>33-E</b> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

**4276' RDB**

1b. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

*In order to increase productivity, remedial work performed as follows:*

*Perforated additional intervals 9605-11, 9732-45, 9764-66, 9831-47 w/ 21SPF. Acidized w/6000 gal 20%. Restored to production.*

*Prior - pmp. 80 BD x 235 BW 24 hours.*

*after - flow 176 BD x 383 BW 24 hours. 3 3/4" Ch. TPF. 200.*

TD-10103  
PBD-10028

OC-12-3-67

Perfs: 9893-99, 9923-53, 94-98;

COMP-12-13-67

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 12-14-67

ON 2, NMOCC-11

1-NSW

APPROVED BY 1-SUSP

CONDITIONS OF APPROVAL, IF ANY:

1-RRV