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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No. E-7489

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name: STATE "DK"

3. Address of Operator: BOX 68, HOBBS, N. M. 88240

9. Well No. 1

4. Location of Well: UNIT LETTER A, 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 17 TOWNSHIP 11-S RANGE 33-E NMPM.

10. Field and Pool, or Wildcat: Bagley Lower Penn North

15. Elevation (Show whether DF, RT, GR, etc.) 4303' R.D.B.

12. County: Lea

16. 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 [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER ______ [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [X]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Completion Opns [X]

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 12-9-67, 5½" OD 14-17# J-55 & N-80 was set @ 10,338 w/ 650 sx. Inferno. Tested casing w/ 3000 # psi for 30 min. Test O.K. After WOC approx 50 hours, perforated intervals 9780-84, 9796, 9803, 9902-11, 18-20, 56-63, 10,053-055, 079-084, 090-, 120-132, 143-47 w/2SPF. Acidized: 10053-10147 w/ 4000 gal 20%, 9907-9963 w/ 3000 gal 20%, 9780-9803' w/ 1000 gal 20%. Evaluated. On PT Flow 322 BOX 324 BLW 24 hours thru 24/64" Ch. TPF 300. GOR NA. Cgr. 46.8°

TD - 10338'
PBD - 10287' · Comp 12-18-67
TPAY 9780'

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 12-20-67

0+2-NMOCC-H
1-USGS
1-BSD
1-224

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY: