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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 28 1969

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG-5543

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- <u>DRILLING</u>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE 'CX'
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>18</u> TOWNSHIP <u>9-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.) 4408' R.D.B.	12. County LEA

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 JOBS <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 4-23-69, 8 5/8" OD 24-32" Casing was set @ 3829' w/ 250 p4. Incon + 8% GEL + 300 Sx. meat.
After N.O.C. 18 hours tested casing w/ 1500 psi for 30 min. Test O.K.
Reduced hole to 7 7/8" @ 3829 and resumed drilling operations.

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 APR 28 1969
APPROVED BY <u>[Signature]</u>		SUPERVISOR DISTRICT _____
CONDITIONS OF APPROVAL, IF ANY: 1-NSW 1-SUSP 1-PRY		DATE _____