## UNTED STATES DEPARTME OF THE INTERIOR (Other Instruction verse side)

SUBMIT IN TRIPL TE.

Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO.

GEOL	.OGICA	I SI	IRVFY

NM-0145685
3. IF INDIAN, ALLOTTE OR TRIBE NAME

SUNDRY NOTICES	AND REPORTS ON WELLS
(Do not use this form for proposals to Use "APPLICATION	drill or to deepen or plug back to a different reservoir.

7. UNIT AGREEMENT NAME

				-		
	WELL WELL	$\mathbf{X}$	GAS WELL		OTHER	
NAME OF OPERATOR						

8. FARM OR LEASE NAME

PAN AMERICAN PETROLEUM CORPORATION 3. ADDRESS OF OPERATOR

HORTON

BOX 68, HOBBS, N. M. 88240

10. FIELD AND POOL, OR WILDCAT

LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

MILLIESAND SAN HNDRES SEC., T., R., M., OR BLK. AND SURVEY OR AREA

2310 FSL \* 2246.3 FEL, Sec. 30 (Unit J, NW/4 SE/4)

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

30-8-35 NMPM

(Other)

4224' R. D. B.

16.

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

NOT	CE O	F INTENTION TO:	
HUT-OFF		PULL OR ALTER CASING	
T	<u> </u>	MULTIPLE COMPLETE	

REPAIRING WELL

TEST WATER S FRACTURE TREA SHOOT OR ACIDIZE REPAIR WELL

ABANDON' CHANGE PLANS

WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING

ALTERING CASING ABANDONMENT\*

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

SUBSEQUENT REPORT OF:

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.) \* In an effort to increase productivity, propose

toperforate additional interval 4664-4704 W/2JSPF and acidize W/3000 gal 20%. Evaluate and restore to production.

Verbal auth. To proceed ut work, m. J. Bardon to KRyonkum on 1-24-68.

41/2" CSA 4851

PERFS: 4724-47

SIGNED-

TD- 4851 PBD-4811

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

AREA SUPERINTENDENT

DATE 1-25.68

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

TITLE

0-1-4- USGS-H

\*See Instructions on Reverse Sig