

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
reverse side)

FE-
10-

Form approved.
Budget Bureau No. 42 R1124

5. LEASE DESIGNATION AND SERIAL NO.
NM-0145685
6. IF INDIAN, ADOPTED OR TRIBAL NAME

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.)

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FSL x 2248.74' FEL, Sec. 30, (UNIT O, SW/4 SE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4224' R. D. B.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HORTON Federal

9. WELL NO.
13

10. FIELD AND POOL, OR WELDCAT
MILNESAND San Andres

11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA
30-8-35 NMPM

12. COUNTY OR PARISH
ROOSEVELT

13. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☒	CHANGE PLANS ☐	(Other) ☐	

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

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 to perforate additional interval 4680-4714 w/ 215PP and acidize w/ 3000 gal 15% LSTNE. & evaluate.

Latist test - pmp. 1 80 x 15 BW - 24 hours.

TD -4776'
PBD -4774'
PERFS-4734-54
4 1/2" CSA 4776'

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **7-31-67**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4- USGS-H
1- NSW
1- SUSP
1- RRY

APPROVED
JUL 31 1967
A. H. DUNN
DISTRICT ENGINEER