Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM-0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

HOBBS, N. M. D. C. C.

# 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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: PAN AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME: HORTON Ferral

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

9. WELL NO.: 14

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

990' FSL & 330' FWL Sec. 30 (Unit M, SW/4 SW/4)

10. FIELD AND POOL, OR WILDCAT: MILNESAND San Andres

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4229' R.D.B.

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) | | | |
| (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 accordance w/ Form C-331 dated 1-18-67, well was fraced w/ 30,000 gal lease crude containing 1/20#/gal Adomite Mark II, 1# sand/gal, & tailed in w/ 3000# glass beads. Cleaned out and evaluated.

Prior - Pmp 5 BO + 6 BW in 24 hours.
After - Pmp 33 BO + 77 BW " " "

OC - 1-24-67
Comp - 2-20-67.

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 2-22-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 23 1967

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

OC 4-USGS-N
1-NSW
1-SOSP
1-RLY