

Form 2-6-1
(May 1966)

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLET
(Other instructions
reverse side)

FD-
16

Form Approved
Public Law No. 92-11-24
OF OIL AND GAS DESIGNATION AND SERIAL NO.

HOBBBS OFFICE O. C. C. GEOLOGICAL SURVEY

SUNDAY NOTICES AND REPORTS ON WELLS
(To be filed in triplicate with the application for permit to drill or to deepen or plug back to a different reservoir.
See "APPLICATION FOR PERMIT" for such proposals.)

MAY 28 11 32 AM '68

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FORM OR LEASE NO. HARTON Federal
3. ADDRESS OF OPERATOR BOX 40, HOBBBS, N. M. 88240	9. WELL NO. 25
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also page 17 below.) AT PERMIT	10. FIELD AND TOWN, OR TOWNSHIP Hobbs
11. ELEVATIONS (Show whether DT, RT, etc.) 4218' RDB	12. COUNTY OR PARISH Hobbs
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 or Well Completion or Recombination Report and Log to n.)

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.)

acidized perforations 4637-4705 w/ 1500 gal
LSTNE acid. Evaluated + restored to
production:

Pres - Pump 22 30 x 15 BW 24 hours -
after - Pump 31 30 x 54 BW 24 hours.

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

CC - 5-14-68
COMP - 5-20-68

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

SIGNED	TITLE AREA SUPERINTENDENT	DATE 5-22-68
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

CC - 5-14-68
I - 5-14-68
I - 5-14-68
I - 5-14-68

*See Instructions on Reverse Side