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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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

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- DRY HOLE		7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION		8. Farm or Lease Name ROGERS
3. Address of Operator BOX 68, HOBBS, N. M. 88240		9. Well No. 8
4. Location of Well UNIT LETTER C , 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 8-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat MILNESAND SAN AND
15. Elevation (Show whether DF, RT, GR, etc.) 4245 R.D.B.		12. County ROOSEVELT

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 checked="" 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 checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

Lease expired before P & A operations could commence. Land owner will not permit us to enter and abandon well.

Well was a dry hole and completed as a I.A. Shut-In well by closing well head valves. Well had possibilities of use in secondary recovery 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 **DEC 8 1969**

0-2-NMOCCH
1-NSIU
APPROVED BY
2-WFS
CONDITIONS OF APPROVAL, IF ANY:
1-SUSP

TITLE _____ DATE _____