

U.S. GOVERNMENT
GSA GEN. REG. NO. 42

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN WR
(Other, instruct
verse side)

DATE
ON FILE

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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or pump 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, HOES, N. M. 88240

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

5. FIELD AND POSITION OF WELL
FERRILL Featural

6. WELL NO.
13

7. FIELD AND POSITION OF WELL
FERRILL Featural

8. COUNTY OR PARISH
ROOSEVELT

9. DATE
23-7-63

10. TIME
NIA

11. PERMIT NO.
4414 R.D.B.

12. ELEVATIONS (Show whether DP, RT, GR, etc.)
4414 R.D.B.

13. COUNTY OR PARISH
ROOSEVELT

14. DATE
23-7-63

15. TIME
NIA

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	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
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 9-331 submitted
8-21-63, perforations 4160 - 4387 were acidized
w/ 2000 gal 28% and fractured w/ 30,000
gal gelled brine + 25,000 # sand.
Evaluated results for 3 months.
Unsuccessful =
Prior - Pump 160 x 8 BW - 24 hrs.
After - Pump 160 x 13 BW - 24 hrs.

TD - 4452'
PSD - 4428'
4 1/2" CS 4452'
Perfs: 4160-30, 4213-4387'

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

SIGNED _____

TITLE AREA SUPERINTENDENT

DATE SEP 24 1963

(This space for Federal or State office use)

APPROVED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

SEP 25 1963

*See Instructions on Reverse Side
L. GORDON
ACTING DISTRICT ENGINEER

1-1000-N
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