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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 3 1 12 PM '66

4. Indicate Type of Lease
☒ Lease ☐ Fee

5. State Oil & Gas Lease No.
K-1276

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 ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator San American Petroleum Corp.	8. Farm or Lease Name STATE D F
3. Address of Operator Box 68, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 25 TOWNSHIP 7-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat CHAUEROO SAN ANDRES
15. Elevation (Show whether DF, RT, GR, etc.) 4327 R.D. B	12. County ROOSEVELT

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER Completion Operations ☒

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.

On 7-2-66, 4 1/2" OD 9.5# J-55 Casing was set at 4498' w/ 500 s4 12% Incor + 300 s4 neat. Tested casing w/ 1750 psi for 30 minutes. Test O.K. After nbc appd. 84 hours perforated intervals 4224-28, 32-39, 42-47, 85-87, 4301-12, 20-27, 30-41, 58-64 w/2JSPF. Acidized w/ 2000 gallons. Evaluated.

PT, flowed 200 BO x OBW 13 hours thru 2 2/64" Choke. TDF 200. CPF 325. Cgr 25°. GOR 642.

TD- 4498
 PAD- 4456

TRAY - 4224 - SAN ANDRES

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Orwell Williams* TITLE *Area Foreman* DATE *7-8-66*

APPROVED BY *2. N. Moll-N* TITLE _____ DATE _____
 1- NSW
 1- SWS
 1- RBY

CONDITIONS OF APPROVAL, IF ANY: