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-0142393

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

HOBBS OFFICE O. C. C.
NOV 15 11 47 AM '66

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME
HOMME Federal

3. ADDRESS OF OPERATOR
Box 68, Hobbs New Mexico

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL x 1980 FWL, Sec. 20 (Unit C, NE/4 NW/4)

10. FIELD AND POOL, OR WILDCAT
CHAVEROO San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20-7-34 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4323' R.D.B.

12. COUNTY OR PARISH
ROOSEVELT

13. STATE
NM

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	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Completion			[X]
(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.)*

On 10-13-66, 4½" OD 9.5# J-55 casing was set @ 4395' w/ 500 sx 12% Gel Incor + 300 sx. neat. Tested casing w/ 2000 psi for 30 minutes. Tst O.K. Perforated intervals 4152-54, 70-74, 80-84, 91-99, 4204-08, 13-15, 18-21, 70-75, 80-88, 92-98 W/2JSPF. Acidized w/2000 gal. Fraced w/30,000 gal. oil, 40,500# sand, 3,000# beads. Evaluated.

On P.T, 24 hours, pumped ~~5 BLO~~ X ~~54~~ 66 BNO X 1 BW. GOR 243, CGR 25.6.

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

SIGNED _____ TITLE Area Supt. DATE 11/7/66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 14 1966

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

OCC-4-USGS-H
1-SUSP
1-NSW
1-RRY