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-032128

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME
Peterson "A" Federal

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

9. WELL NO.
3

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

1980' FNL & 660' FWL Sec 23 (Unit E, SW/4 NW/4)

10. FIELD AND POOL, OR WILDCAT
[illegible]

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
23-7-36

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4152' R.D.B.

12. COUNTY OR PARISH
Roosevelt

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]
(Other)			

SUBSEQUENT REPORT OF:			
WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
(Other) Temporarily Abandoned			[X]

(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.)*

Effective 3-7-68, well was temporarily abandoned by closing wellhead valves. Well ceased production. No workover possibilities.

Well to remain in TA status pending future use as a possible salt water disposal well.

(NMOCC should cancel allowable)

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

SIGNED ______ TITLE Area Supt DATE 3-8-68

(This space for Federal or State office use)

APPROVED BY ______ TITLE [illegible] DATE ______
CONDITIONS OF APPROVAL, IF ANY:

actg.

0+4- USGS- Hobbs
1- NMOCC
1- Suspense
1- RRY

*See Instructions on Reverse Side