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# NEW MEXICO OIL CONSERVATION COMMISSION

Dec 5 7 49 AM '66

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.
7. Unit Agreement Name
8. Farm or Lease Name CROSBY
9. Well No. 1
10. Field and Pool, or Wildcat CATO San Andres
12. County Chaves

## 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. Indicate Type of Well OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Location of Well Box 68 Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER G, 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 17 TOWNSHIP 8-S RANGE 30-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 4120' R.D.B.
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

REPAIR REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>
REEL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

In an effort to increase productivity of well  
acidized perforations 3254-80 w/ 10,000 gallons 28%  
w/ 800 CF CO<sub>2</sub>/bbl. Overflushed w/ 5000 gal treated water.

Prior - pumped 38 BO + 0 BW 24 hours.  
After - pumped 149 BO + 6 BLW 24 hours.

CC-11-25-66

Comp-11-30-66

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

TITLE Area Foreman DATE 11-30-66

042-11-1000-14

1-NSW

APPROVED BY  
SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

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