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NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 17 2 55 PM '66

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 PAN AMERICAN PETROLEUM CORPORATION	8. Form or Lease Name BASKETT B
3. Address of Operator Box 68, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER F 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 11 TOWNSHIP 8-S RANGE 30-E N.M.P.M.	10. Field and Pool, or Wildcat CATO SAN ANDRES
15. Elevation (Show whether DF, RT, GR, etc.) 4149' RDB	12. County CHAVES

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 JOBS ☒	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.

TD 3562: On 8-10-66, 4 1/2" OD 9.5" J-55 casing was run and set at 3562 w/ 500 sf 12% Pel Incon + 300 sf neat. After WOC 24 hours +, tested casing w/ 1800 psi for 30 minutes. Test O.K. Perforated intervals 3413-20, 26-34, 36-45, 84-92, 95-98, 3500-05, 07-12, 19-25 w/ 255 PF. Acidized w/ 2000 gallons. Swabbed in.

On PT. Flow 199 BO x 0 BW in 15 hours thru 1 7/8" ch.
TDF 225, CPF 300. Cgr. 26" GOR 627.

TD- 3562 TPAI 3413 Comp 8-13-66
PBD- 3539 SANANDRES

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

SIGNED _____ TITLE Area Supr DATE 8-16-66

0+2 NMOCCN
1-NSW
1-SU90
APPROVED BY 1-12/2
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____