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NEW MEXICO OIL CONSERVATION COMMISSION

DUPLICATE

HOBBS OFFICE O. C. C.

DEC 21 3 15 PM '66

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

5. 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. Farm or Lease Name
SELLERS

3. Address of Operator
Box 68, Hobbs, N M 88240

9. Well No.
1

4. Location of Well
UNIT LETTER M, 660' FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 3 TOWNSHIP 8-S RANGE 30-E NMPM.

10. Field and Pool, or Wildcat
CATO San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
4076' (RDB)

12. County
Chaves

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☒	
OTHER ☐		OTHER Completion Status of Well ☒	

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-3402. On 9/24/66, 4½" OD 9.5 J-55 Casing was set @ 3402 w/ 500 sx 12% Gel Diacel + 300 sx neat. Tested casing w/ 2000 psi for 30 minutes test O.K. After WOC appx 70 hours, perforated intervals 3252-53, 65-69, 72-74, 75-80, 3320-37, 45-49, 55-63 w/2 SPF. Acidized w/ 2000 gal LSTNE. Fraced w/ 30,000 gal oil, 40,500# sand, 3000# beads, 3000 gal 28% acid Evaluated. Perfs 3320-63 acidized w/ 3000 gal 28%. Evaluated - On 12/19/66 Pmp 130 x 12 BW in 24 hours - Uneconomical - Completed as a Temp. Abnd. well on 12/20/66. Will to remain in this status pending further evaluation and possible use in secondary recovery operations.

COMMISSION MAY ... 6 MONTHS ... THE WELL ... STATUS AND ... FUTURE PLANS FOR THIS WELL

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

SIGNED _____ TITLE Area Supt DATE 12-20-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

042-NMOCC-U
1-SUSO
1-NSW
1-RLH