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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Superseded by
C-102 and C-103
Effective 1-1-65

5a. Indicate type of Lease
State ☐ ☒ ☐
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Name of Lease Name QUEEN
3. Address of Operator Box 68 Hobbs, N. M.	9. Well No. 2
4. Location of Well UNIT LETTER E 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 8-S RANGE 30-E	10. Field and Pool, or Wildcat CATO San Anares
15. Elevation (Show whether DF, RT, GR, etc.) 4071 R. D. B.	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER Completion Operations ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 3410. On 10-3-66, 4 1/2" OD 9.5 # J-55 Casing was set @ 3410' w/ 500 sq. 12% Gel + 300 sq. neat. Tested casing w/ 2000 psi for 30 minutes test O.K. After WOC appx. 90 hours, perforated intervals: 3261-88, 3331-36, 42-46, 53-80 w/ 2JSPF. Stimulated w/ 2000 gal acid + 7 raised w/ 30,000 gal oil, 40,500# sand, 3000# beads.

On PT, swabbed + flowed 95 BO + 1 BW in 24 hours.
Cgr. 25.2 GOR 209,

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

SIGNED	TITLE Area Supt.	DATE 10-18-66
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		