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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 30 7 43 PM '66

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
BASKETT

9. Well No.
2

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. OIL WELL GAS WELL OTHER

2. Name of Operator
Pan American Petroleum Corp.

3. Address of Operator
Box 68 Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 8-S RANGE 30-E NMPM,

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

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <u>Completion operations</u> <input checked="" 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.

On 12-21-66, 5 1/2" O.D. 14" J-55 Casing was set at 3419' w/ 500 sk. Incor 12% Hel and 300 sk. Incor Heat. Tested casing w/ 2000 PSI for 30 minutes. Test O.K.

Cored a 4 3/4" hole from 3419' to 3523'. Stimulated open hole w/ 3000 gal. 28% acid. An P.T. flowed (12-28-66) 25 BLD X 215 B0 X 13 BLD in 24 hours thru 2 1/4" choke. TPF-100, CPF-300, GOR-672, CGR-26.8.

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 12-29-66

2-NMOC-N
1-N3W
1-SASP
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: