

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE
(Other instruction a re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

NM000 - ARIZONA

NM000 - HOBBS

BLM - SANTA FE

SUNDAY 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—" for such proposals.

HOBBS OFFICE 8. C. C.

J 11 17 AM '67

5. LEASE DESIGNATION AND SERIAL NO.

NM-0177517

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CATO "B" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

CATO San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

14-8-30 N M P M

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL x 660' FWL Sec. 14 (Unit L, NW/4 SW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, ST, GR, etc.)

4127' R.D.B.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 1-27-67, 4 1/2" OD 9.5" J-55 Casing was set @ 3600' (TD)
w/ 500 s4 12% Gel + 300 s4 Incon meal. Tested
w/ 3100 psi for 30 minutes. Test O.K.
Perforated interval 3512-59 w/ 2SPF. Acidized w/
3000 gal 28%; Frac w/ 40,000 gal gel brine, 54000# Sand,
4000# Glass beads. Evaluated.

On PT, swabbed 87BD x 238 BLW in 24 hours. QDC 325-602347
30 MCFG. Cgr. 26.1°

TD -3600' comp 2-4-67.

PBD -3576

TPAY -3512'

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

AREA SUPERINTENDENT

DATE 2-6-67

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

0+4- USGS - Ros
1- NSW
1- SUSP
1- RRY

*See Instructions on Reverse Side

FEB 8 1967

SUTHERLAND