

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructor 1 re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

NMOCC - ARTESIA

NMOCC - HOBBS

BLM - SANTA FE

SUNDARY 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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-0155494

6. INDIAN, ALLOTTEE, OR TRIBE NAME

FEB 27 9 43 AM '67

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CROSBY "B" Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

CATO San Amaro

11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA

9-8-30 N M PM

12. COUNTY OR PARISH

Charles

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' FNL x 1980' FEL, Sec. 9 (Unit G, SW 1/4 NE 1/4)

14. PERMIT NO.

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

4104' RDB

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 COMPLETS

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 2-11-67, 4 1/2" OD 9.5" J-55 casing was set @ 3450' (TD) w/ 500 yd. 12% gel + 300 yd. neat. Tested avg w/ 1000 psi for 30 minutes. Test O.K. Perforated interval 3365-85 w/ 2 SPF. Acidized in 2 stages of 3000 gal 28% and 6000 gal 28%. Evaluated.

PT. Swabbed 110 BO + 120 BLW in 24 hours. BOR 304 cgs 26: 33 MCFG.

TD- 3450

PHD- 3402

TPM - 3365, San Amaro

Comp. 2-17-67

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

2-22-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 24 1967

SUTHERLAND

*See Instructions on Reverse Side