

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

NMOCC - ARTESIA

NMOCC - ROSWELL

BLM - SANTA FE

## SUMMARY 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-0142233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CROSBY "A" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

CATO San Anas

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

8-8-30 NMPM

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

660' FSL x 660' FEL Sec. 8, (Unit P, SE 1/4 SE 1/4)

14. PERMIT NO.

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

4064' 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 perti-  
nent to this work.)

On 2-26-67, 4 1/2" OD 9.5" J-55 Casing was set @ 3414 (TD) w/ 500 p4  
12% Oil + 300 p4 Incon Neat. Isolated casing w/ 2000 psi for 30  
minutes. Test O.K. Perforated interval 3308-47 w/ 25PF. Acidized  
w/ 5000 gal 28%. Evaluated. Perforated intervals 3158-3200,  
3232-68 w/ 25PF. Acidized w/ 5000 gal 28%. Evaluated.

On PT- 9 lw 124 BX 20 BLW in 24 hours thru 12/64" Choke.  
TPF 500 QPF 526 GOR 1400 174 MCFG.

TD-3414

PAD-3367

TPH-3158 - San Anas.

Coniq. 3-8-67

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

3-9-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

District Engineer

014- USGS- ROSWELL

1- NSW

1- SUSP

1- RRY

\*See Instructions on Reverse Side