

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other Instruct.
verse side)CATE*
on re-Form approved.
Budget Bureau No. 42-R1424.NMOC - ARTESIA
NMOC - HOBBS
BLM - SANTA FE

SEMI-ANNUAL 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-0177517

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CATO "A" FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

CATO San Andres

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

15-8-30 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

1980' FSL X 660' FWL Sec. 15 (Unit L, NW 1/4 SW 1/4)

14. PERMIT NO.

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

4146' 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) Completion ☒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 4-9-67, 4 1/2" O.D. 9.5" J-55 casing was set at 3555 (T.D.) w/300 sx 12% Hel. & 300 sx. Heat. Tested casing w/2000 p.s.i. for 30 minutes. Test O.K. Perforated internal 3480-3515 w/2 TSPF and acidized w/3,000 gal. 28%. Evaluated. Then perforated internal 3386-3446 w/2 TSPF and acidized w/5,000 gal. 28% and spotted moth balls over perforations from 3480 to 3515. Evaluated.

On P.T., 4-15-67, Swab 110 BX 23 BLW X 49 BNW in 24 hours.
CGR-24, GOR-N.A.

T.D. - 3555'

P.B.D. - 3520'

T. Pay - 3386'

ACCEPTED FOR RECORD

District Engineer

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

4-17-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0+4 - H.S.G.S. - Roswell
1 - NSW
1 - RRY
1 - SHSP

*See Instructions on Reverse Side