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LAND OFFICE	
OPERATOR	

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

AUG 4 7 41 AM '67

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name WASLEY
9. Well No. 6
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>14</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> 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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER Completion ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1703.

TD-3610: On 7-31-67, 4 1/2" OD 9.5# J-55 Casing was set @ 3610' w/ 300 24 Incon Heat. Tested Casing w/ 2000 psi for 30 minutes. Test. O.K. After M.O.C appx. 48 hours, perforated 3444'-3490' w/ 2JSPF. Acidized w/ 3000 gal 28%. Evaluated.

On PT, Swab & Flow 270 BO x 35 BLW 20 hours, 10/64" Choke, TDF-125, CPF-350, GOR-620', 167 MCF, Gr. 25.3°

TD-3610

PBD-3590

TDAY-3444
SAN ANDRES

COMP-8-3-67

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 8-3-67

2-NMOCC-14
1-NSW
APPROVED BY
1-SUSP
CONDITIONS OF APPROVAL, IF ANY:
1-RRY