

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other Instructions
Reverse side)

FD-
100

Permit approved
Budget number: 100-1-100-100
5. LEASE DESIGNATION AND NO.

NMOC - ARTESIA

NMOC - HOBBS

BLM - SANTA FE

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-" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Pan American Petroleum Corporation		8. FARM OR LEASE NAME Cato HBR Federal	
3. ADDRESS OF OPERATOR Box 68, Hobbs, New Mexico 88240		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL Sec. 14 (Unit K. NE/4 SW/4)		10. FIELD AND POOL OR WILDCAT Cato San Andres	
14. PERMIT NO. 4144' RDB		12. COUNTY OR PARISH Ochores	
15. ELEVATIONS (Show whether BF, RT, GR, etc.)		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Completion ☒	

(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 7-25-67, 4 1/2" OD 9.5# J-55 Casing was set @ 3645' (TD) w/300 sx Incon neat. Tested casing w/2100 psi for 30 minutes. Tested OK.

Perforated intervals 3477-3518' w/2spf. Acidized with 3000 gal. 28%.

PT. Swab & Flowed 200 BO x 48 BLW 18 hours. TPF 200, CPF 65, GCR 520, 104
MCFG, Cpr 24°.

TD- 3645'

PBD-3625'

T Pay -3477' San Andres.

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

SIGNED

TITLE Area Superintendent

DATE

7-28-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0 & 1- USGS-Ros

1- NCM

1- Suss

1- RRY

ACCEPTED FOR RECORD *See Instructions on Reverse Side

J. W. Sutherland

RECEIVED

AUG 1 1967