

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SHALL BE IN THE
OF THE INSTRUCTIONS
(See back)

10-11-68
ON 10-11-68

10-048163-R

SUNDY NOTICES AND REPORTS ON WELLS

(This form is for reports on wells, or on completion or other work on a different reservoir.
See explanation on page 10 of this form.)

1. NAME OF WELL: SAN JUAN DE LOS RIOS

2. NAME OF OPERATOR: PAN AMERICAN PETROLEUM CORPORATION
NAME CHANGED
FROM PAN AMERICAN PETR. CORP.
TO AMOCO PRODUCTION CO.

3. ADDRESS OF OPERATOR: BOX 30, NOBLES, N. M. 86240

4. LOCATION OF WELL: (Report location clearly and in accordance with any State requirements.
See instructions on page 17 below.)
At surface: 100' FOL: 360' FOL Sec. 35 (Unit 1, N40S 3/4)
EFFECTIVE: 2-1-71

5. PERMIT NO.: 1338 R.T.D. 35

6. ELEVATION: (Show whether BP, AT, OR, etc.) 1338 R.T.D. 35

7. COUNTY OF PERMIT: CRUZE 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	☐
FRACURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
OTHER	☐		

(Other) SHUT-IN TO 300' X

(Note: Report results of multiple completion on Well Completion or Recombination 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.)

In accordance with NMOC Order R-3548 and Form 9-331 dated 11-19-68, converted well to a salt water disposal well as follows:

Removed pumping equipment.
Ran Johnston type 1018 tension packer & set 3905, w/ 2 3/4" OD 4.7" EUC TBT tubing landed in packer. Loaded casing & tubing annulus w/ 45 bbls of produced water and cement.

TO-4103
4103-4103
DEPT: 10-11-68

RECEIVED

FEB 1 1969

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

SIGNED: [Signature]

TITLE: DEPT. SUPERINTENDENT

DATE: 10-11-68

(This space for Federal or State office use)

APPROVED BY: [Signature]
SIGNATURES OF APPROVAL, IF ANY

TITLE: ARTESIA OFFICE

DATE: 10-11-68

APPROVED
FEB 1 1969
R. L. REEK

See Instructions on Reverse Side