

NMOCG - ARIZONA
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BLM - SANTA FEUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42 R11215. LEASE DESIGNATION AND SERIAL NO.
NM-046153-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 MILLER Federal
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 80440	9. WELL NO. 4
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. 35 (UNIT R, NW 1/4 SW 1/4)	10. FIELD AND POOL, OR WHOLE LOT TOM-TOM San Anares
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-7-31 NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4333' R. D. B.	12. COUNTY OR PARISH CHAUVES
	13. STATE N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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 10-20-67, 4 1/2" OD 9.5" J-55 casing was set @ 4103' w/ 300 ft. INCON meat. Tested casing w/ 2000' psi for 30 minutes. Test O.K. Perforated intervals 3932'-88', 3998-4002, 4014-27 w/ 25 PF.

Acidized w/ 5000 gal 20% - Evaluated.

PT. Imp. 61 BO x 233 BW 24 hours.

TD-4103'

Comp 11-5-67.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

11-7-67

(This space for Federal or State office use)

APPROVED BY

TITLE

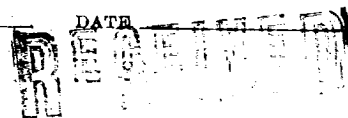
CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED FOR RECORD

See Instructions on Reverse Side

District Engineer

044- USGS - ROS
1- NSW
1- SUS P
1- RRY