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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE
AUG 21 2 57 PM '67

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 ☐ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
Pan American Petroleum Corp.

8. Farm or Lease Name
CROSBY "E"

3. Address of Operator
Box 68 Hobbs, New Mexico 88240

9. Well No.
2

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 8-S RANGE 30-E NMPM.

10. Field and Pool, or Wildcat
CATO San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
4071 R.D.B.

12. County
Chaves

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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 1103.

This well has been drilled to a depth of 1493'. At 1493 feet, the red beds continued to cave in around drill pipe making it impossible to continue drilling operations.

The operator proposes to set plugs at the following depths: 50 sx. at 1493' (TD); 25 sx. at 1000'; 50 sx. at 338'; and 10 sx. at the surface and erect P&A marker.

Restore ground to contour and make final cleanup.

Verbal approval granted 8-18-67 by Mr. Englbrecht.

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 8-21-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

+2 - NMOCC - H
1 - New