

NMOCC - ARTESIA
NMOCC - HOSSES
BLM - SANTA FE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLA
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-0142233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CRABBY "A" Section

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

CRABBY "A" Section

11. SEC. T. R. S. OR BLM. AND
SURVEY OR AREA

3-3-30, N.M.P.M.

12. COUNTY OR PARISH 13. STATE

CRABBY N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
BOX 63, HOSSES, N. M. 88240

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 FEW Sec 8 (Unit I, NE 1/4 SE 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

4040' R.D.B.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

In an effort to increase productivity,
propose to cleanout from P22-3200 to TD-3331,
perforate and stimulate selective intervals
immediately above casing shoe. Evaluate
and restore to productivity.

Test-10-10-67. Pump 3030' + 300 in 24 hours. Test 1.000.

TD-3331

P22-3200

P22-3331: 3114-60

(3261-70-74-91 Spurred)

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

SIGNED

AREA SUPERINTENDENT

TITLE

DATE 10-27-67

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

04 4- USGS-RS
1- NSLO
1- SOSP
1- R2P
1- T2P

*See Instructions on Reverse Side

OCT 27 1967
J. W. SUTHERLAND
DISTRICT ENGINEER