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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 7 10 23 AM '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 CORPORATION		8. Farm or Lease Name CROSBY "E"	
3. Address of Operator BOX 68, HOBBS, N. M. 88240		9. Well No. 2 Y	
4. Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>10</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> NMPM.		10. Field and Pool, or Wildcat CATO San Andres	
15. Elevation (Show whether DF, RT, GR, etc.) 4069 R.D.B.		12. County CHAUES	

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER <u>Completion Operations</u> ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEC. RULE 1103

On 8-28-67, 4 1/2" OD 9.5" J-55 Casing was set @ 3445' (TD) w/ 300 SF. In loc. Tested casing w/ 2000 psi for 30 minutes. Test O.K. After M.O.C. app. 48 hours, perforated 3270-3308 w/ 25PF. Cased w/ 3000 gal 28% LSTNE. Evaluated.

On PT. Swab 106 BD x 69 BLW in 24 hours. Cg 26". No GOR.

TD-3445 Comp. 9-2-67
PBP-3420
TPW-3270
San Andres

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 9-6-67

APPROVED BY 2. NMCC-H 1. NSW 1. SUSP 1. RRY CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____