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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 2 | 10 AM '69

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- DRY HOLE

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
PEERY

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
1

4. Location of Well
UNIT LETTER N, 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 8 TOWNSHIP 8-S RANGE 30-E NMPM.

10. Field and Pool, or Wildcat
CATO San And

15. Elevation *(Show whether DF, RT, GR, etc.)*
4059' 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.

On 2-23-68, well Temp. Abn. as a Dry Hole, pending possible use as an injection or SWD well.

We now propose to Plug & Abandon as follows:

Spot 15 Sx Cement plug 3235-3015 (perfs. 3144-3190)
Shoot + pull 4½" from free point (approx 1300')
Spot 25 Sx plugs: - In + out of 4½" Csg stub.
" " " - 1140-1040
" " " In + out of 8⅝" CSA 289.
" 10 Sx " @ Surface & erect P&A marker.

TD - 3399'
PBD - 3371'
4½" CSA 3399'
8⅝" CSA 289'

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE Area Foreman DATE AUG 19 1969

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: