

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instruction:
verse side)Form approved,
Bureau No. 42-81424NM000 - ARIZONA
NM000 - CALIFORNIA
BLM - CALIFORNIA

SURVEY 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 ☒ DRILLING	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FIRM OR LEASE NAME UNIT 2 - Federal
3. ADDRESS OF OPERATOR BOX 88, MOSES, N. M. 88240	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 530' FNL - 560' FNL Sec. 26 (Unit D, NW 1/4 NW 1/4)	10. FIELD AND POOL, OR WILDCAT WILDCAT
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, HT, GR, etc.)
	11. SEC., T., R., MT., OR BLK. AND SURVEY OR AREA 27-3-30 N100M
	12. COUNTY OR PARISH CHAVES
	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 ☐
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) **SPUDDING** ☒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.)*

Chico Only Co spudded 12 1/4" hole 6: PM 2-27-68.
On 2-28-68, 6: AM, 3 5/8" OD 24" J-55 casing was
set to 501' w/ 400 lb Incon. Cement circulated.
2-28-68- 7: AM TD 501' - W.O.C.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

004- USGS-ROS
1- NSW
1- SOSP
1- RRY

ACCEPTED FOR RECORD

*See instructions on Reverse Side

District Engineer

RECEIVED

GEOLOGICAL SURVEY
BUREAU OF LAND MANAGEMENT