

N. M. O. C. C. COPY

Form 9-331
(May 1965)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0444628

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FARM OR LEASE NAME CATO "C" Federal
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FS x E LINES, SEC 14 (P, SE 1/4 SE 1/4)	10. FIELD AND POOL, OR ALLOCAT CATO San Anares
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-8-30 NMPM
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4182' R.D.B.	12. COUNTY OR PARISH CHAUES
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☒ Completion operations	

(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.)

On 5/24/69, 4 1/2" OD 4.5" J-55 Casing was set @ 3618' w/ 350.24' neat. Tested casing w/ 1500 psi for 30 min. Test O.K. Perforated intervals 3555-3600' w/ 2JSPF on 5/27/69. Acidized w/ 3000 gal 15%. Evaluated

PT. Swabbed 98 BW x 97 BW - 13 hrs.
Cgr. 25.3.

RECEIVED RECEIVED

JUN 3 1969

O. C. C.
ARTESIA, OFFICE

TD - 3618
PBD - 3614

T69 @ 3606

COMP - 5-28-69

PERFS - 3555-3600

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

SIGNED

TITLE

Area Suph

DATE MAY 28 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

0-4- USGS-ART
1- NSW
1- SUSP
1- RRY

APPROVED

JUN 2 - 1969

R. L. BEEKMA

See Instructions on Reverse Side