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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

OCT ... '67

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.)

7. Unit Agreement Name

1. OIL WELL ☒ GAS WELL ☐ OTHER- DEPLETED

8. Farm or Lease Name: WINGERD

2. Name of Operator: PAN AMERICAN PETROLEUM CORPORATION

9. Well No.: 9

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

10. Field and Pool, or Wildcat: GLADIOLA-Wolfcamp

4. Location of Well: UNIT LETTER I, 2210 FEET FROM THE SOUTH LINE AND 890 FEET FROM THE EAST LINE, SECTION 24 TOWNSHIP 12-S RANGE 37-E NMPM.

15. Elevation (*Show whether DF, RT, GR, etc.*): 3875- G. L.

12. County: LEA

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☐
- TEMPORARILY ABANDON ☐
- PULL OR ALTER CASING ☐
- OTHER ☐
- PLUG AND ABANDON ☒
- CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐
- COMMENCE DRILLING OPNS. ☐
- CASING TEST AND CEMENT JOB ☐
- OTHER ☐
- ALTERING CASING ☐
- PLUG AND ABANDONMENT ☐

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.

Zone depleted. No workover or recompletion possibilities. Propose to P+A as follows:

1. Spot 50 sx cement plug 9585-9300 (perfs 9568-9386)
2. Cut + pull 7" csg from appx 5500. Spot 25 sx In & Out of stub.
3. ~~20~~ sx) In & Out of 9 5/8" shoe @ 4499.
4. Cut + pull 9 5/8" csg from appx 1200, Spot 25 sx In & Out of stub.
5. 20 sx plug @ 13 3/8" csg shoe @ 300.
6. 10 sx @ surface w/ P+A marker erected.
7. Make final cleanup and restore ground to contour.

TD - 9820 7" CSA 9818 (Est TCm 7400)
9 5/8 CSA 4499 (" " 1500)
PBD - 9585 13 3/8 CSA 300 (circ)
Perfs 9386-9402, 20-43, 62-73, 80-86, 9507-13, 36-50-62-68

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 10-9-67

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY:

O+2-NMOCC-H
1-NSW
1-SSP
1-DRH