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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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 ☐ DEPLETED	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name WINGERD
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 11
4. Location of Well UNIT LETTER J 2110 FEET FROM THE SOUTH LINE AND 1650 FEET FROM THE EAST LINE, SECTION 24 TOWNSHIP 12-S RANGE 32-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3874 GL	10. Field and Pool, or Wildcat GLADIOLA WOLF CAMP 12. County LEA

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	☐

PLUG AND ABANDON	☒
CHANGE PLANS	☐
OTHER	☐

REMEDIAL WORK	☐
COMMENCE DRILLING OPNS.	☐
CASING TEST AND CEMENT JOBS	☐
OTHER	☐

ALTERING CASING	☐
PLUG AND ABANDONMENT	☐
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.

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

- Spot 40 s4 cement plug 9785-9550 (Plugs 9575 - 4692')*
- Cut + pull 7" CSA from approx. 5500. Spot 25 s4 In + Out of stub.*
- 4. Cut + pull 9 1/8" casing from approx 1200. " " " " " "*
- 3. Spot 20 s4. In + Out of 9 7/8" shoe @ 4529.*
- 5. Spot 20 s4. " " 13 3/8 " " 316.*
- 6. Spot 10 s4 @ surface + erect P.A. marker.*
- 7. Make final cleanup + restore ground to contour.*

TD-9823' 7" CSA 9823' (EST TCHIT 7400')
PBD-4785' 9 7/8" CSA 4529' (" " 1500")
Plugs-9575-86, 89-97, 9622-92 13 3/8" CSA 316' (Plugs)

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

042-NMOC-A
1-N.S.C.
APPROVED BY
1-5030
CONDITIONS OF APPROVAL, IF ANY:
1-R.R.

TITLE _____ DATE _____