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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

OCT 10 3 27 PM '67

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. E-416
7. Unit Agreement Name
8. Farm or Lease Name STATE A-19
9. Well No. 1
10. Field and Pool, or Wildcat GLADIOLA WOLF CAMP
12. County LEA

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
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER B 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 19 TOWNSHIP 12-S RANGE 38-E NMPM.

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

3870' G. L.

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	☐
OTHER	☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐
COMMENCE DRILLING OPNS.	☐
CASING TEST AND CEMENT JOBS	☐
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 20' 24". Cmt 11930-11850' (Perfs 11910-20)
2. Cut & Pull 5 1/2" CGO from approx 5500'. Spot 25' 24" In & Out of stub.
3. Spot 20' 24". In & Out of 8 7/8" CSA 4979'.
4. Cut & Pull 8 7/8" @ approx. 1500'. Spot 25' 24". In & Out of stub.
5. 20' 24" plug In & Out of 13 3/8" CSA 330'.
6. 10' 24" @ surface & erect P+A marker.
7. Make final cleanup and restore ground to contour.

TD - 11969 PERFS - 11910-20' 8 7/8" CSA 4979' (TCMT 1850')
PAD - 11930 5 1/2" CSA 11965 (TCMT 8580) 13 3/8" CS. 330' (circ.)

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 2-NMOCC-12
1-NSW
1-50SP
1-2Ry
CONDITIONS OF APPROVAL, IF ANY: