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NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 3 7 30 AM '68

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-8956

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 ☐	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE "AZ"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 4
4. Location of Well UNIT LETTER A 990 FEET FROM THE NORTH LINE AND 990 FEET FROM THE EAST LINE, SECTION 34 TOWNSHIP 12-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat RANGER LAKE DEV WEST-GA
15. Elevation (Show whether DF, RT, GR, etc.) 4169' R.D.B.	12. County LEA

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER Completion Operations ☒

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.

TD- 12,835'. On 8-11-68, 5 1/2" OD 17-20" J-55, N-80 Casing was run and set @ 12835'. In J-55 + 4% Gel + 300 SF. neat. Tested casing with 2500 PSI for 30 min. Test O.K. After HOC appx. 72 hours, perforated 12790-824 w/ 25 SPF. Acidized in 2 stages, 1000 gal 15%, 4000 gal 28%, 4000 gal 8%. Evaluated. On 4 hr stabilized rate, flow 824 MCFPD. Deepened to 12899' (open hole 12835-899). Acidized w/ 5000 gal 15%. Evaluated. Quickie CAOP 19.5 MCFPD. Stab. rate of 4680 MCF PD.

TD- 12835'.
2 1/2" Tbg w/ Pkr @ 12832' thru 12859'
PERFS: 12790-824; Open Hole 12835-899

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 SEP 4 1968

0+2. NMOCC-H
1-NSW
APPROVED BY **Leslie A. Clement**
1-SUSP
CONDITIONS OF APPROVAL, IF ANY:
1-R24

TITLE _____ DATE _____