

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI-
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-064150

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ILES Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

BAISH No. WOLF CAMP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

10-17-32 NMPM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL * 1980' FWL Sec 10, (Unit N, SE/4 SW/4)

14. PERMIT NO.

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

4123' R.D.B.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

In accordance w/ Form 9-331 submitted 8-13-69.
remedial work performed as follows:
Found casing failure @ 3760-62'. Cut 5 1/2" @ 4630'
and pulled. Replaced 4 joints. Dressed stub,
set casing bowl, and re-run casing & bowed on.
Swabbed in and restarted to production.

Prior - Pmp 0 BO x 60 BW 24 hrs.
after - Pmp 31 BO x 7 BW 24 hrs.

OC - 8-11-69
COMP - 8-26-69

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE

AUG 27 1969

(This space for Federal or State office use)

APPROVED

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 28 1969

USGS - AOBBS
NSW
SUSP
RRY

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER