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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NA
7. Unit Agreement Name
8. Farm or Lease Name State "2"
9. Well No. 1
10. Field and Pool, or Wildcat Townsend Wolfcamp
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Pan American Petroleum Corporation
3. Address of Operator Box 68 - Hobbs, New Mexico - 88240
4. Location of Well UNIT LETTER R , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 16-S RANGE 35-E NMPM.

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

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Subsequent Report on Status of T/A Well

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.

This well has been shut-in as a temporarily abandoned well since May 3, 1956, pending future determination of workover possibilities.

Status of well has not changed since report filed and approved April 13, 1966.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed by
V. E. STALEY

SIGNED _____

TITLE **Area Superintendent**

DATE **Oct. 13, 1966**

APPROVED BY _____

TITLE _____

DATE **Oct 13 1966**

CONDITIONS OF APPROVAL, IF ANY: