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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 8 9 19 AM '67

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION 3. Address of Operator BOX 68, HOBBS, N. M. 88240 4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>10</u> TOWNSHIP <u>16-S</u> RANGE <u>35-E</u> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <u>4017' RDB</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>STATE AG</u> 9. Well No. <u>1</u> 10. Field and Pool, or Wildcat <u>TOWNSEND Wolfcamp</u> 12. County <u>Lea</u>
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1105.

In an effort to increase productivity, 2 well,
was acidized w/ 500 gal 28% + 5000 gal 3 1/2%.
Restarted to production.

Prior - pmp 0.80 + 0.80.
After - pmp 2180 + 53 BLW in 24 hours.

TD-10642'
PBD-10622'
PERFS 10516'-10610'

OC 2-28-67
Comp 3-7-67

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

SIGNED <u>[Signature]</u>	TITLE <u>AREA SUPERINTENDENT</u>	DATE <u>3-7-67</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

042-N/MOCC-H
1-N540

1-5450