

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR'
(Other Instruct
verse side)(CATE*
on re-Form approved
Budget Bureau No. 22-10-102

5. LEASE DESIGNATION AND SERIAL NO.

NM-01235-D

6. IF INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BONDURANT Fed

9. WELL NO.

10. FIELD AND POOL, OR WELL

TAYLOR YATES SEVEN RIVERS, WEST

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

13-19-32 NMPM

12. COUNTY OR PARISH 13. STATE

LEA N.M.

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—" 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

2310' FSL x 330' FEL SEC 13 (UNIT I, NE 1/4 SE 1/4)

14. PERMIT NO.

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

3643' 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 with Form 9-331 submitted
11-18-68, remedial work performed as follows:

Squeezed perforations 3247-50' w/ 2035x Cement.

Perforated 3236-40 w/ 25SPF and acidized w/ 250 gal 15%.
Evaluated. Workover unsuccessful & well shut in.
for further evaluations and possible deepening.

Prior - Pmp 8 BO x 500 BW 24 hrs.

after - Flow 0 BO x 30 BW 24 hrs. 628 MCFGPD, TDF 395, CPC-610.

TD-3253'

PBD-8243'

4 1/2" CSA 3282'

OC - 11-18-68

SI - 12-6-68

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE MAR 7 1969

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

04 4-USGS-H
1-N3W
1-3USP
1-1224
1-CONOCO

*See Instructions on Reverse Side

GORDON
ACTING DISTRICT ENGINEER