COPY TO O.C.C.

AUG 19 1 52 PM '69

1. OIL WELL [X] 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

2062' FNL x 1850' FWL Sec. 3 (SE/4 NW/4 - Unit F)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3748' RDB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[X]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(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 pertinent to this work.)*

Well is no longer economically capable of producing. Request to abandon perforations as marked below. Propose to P & A as follows:

Spot 25 sx. cement plug, 10,245 - 10,285 (Perfs 10,314 - 10,318)
Check & pull 7" casing from approx. 10,000.
Spot 25 sx. Salt Gel in 7" hole.
" 50 sx Class H Salt Saturated, 7473 - 7573'.
" 40 sx Salt Gel 10 3/4" csg 4457'
Cut & pull 10 3/4" from approx. 1800:
Spot 70 sx in & out of stub.
" 100 sx class H top of salt (1700 - 1800')
" 100 sx Salt Gel 13 3/8" csg 440.
" 10 sx C surface & weld P&A marker.

Make final cleanup and restore ground to bottom.

16" 20# 440'
10 3/4" " 4457'
7" " 14,816'

PERFS: 10,314 - 28

TD- 14,816
PBD-10,245

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

SIGNED [signature] TITLE Area Foreman DATE [illegible]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 21 1969
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side