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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	

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 <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Pan American Petroleum Corporation		8. Farm or Lease Name State "G"	
3. Address of Operator Box 68 - Hobbs, New Mexico - 88240		9. Well No. 4	
4. Location of Well UNIT LETTER E , 2310 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 18S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Bowers	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea	

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER Status of Well <input checked="" 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 1103.

Status of well has not changed from date of previous report approved October, 1964.

This well was temporarily abandoned by closing the wellhead valves.

Well to remain in this status pending possible future use in secondary recovery operations or use as a salt water disposal well.

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 **April 20, 1965**

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____